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A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

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THE AMERICAN PRACTITIONER.

APRIL, 1877.

Certainly it is excellent discipline for an author to feel that he must say all that he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

A CLINICAL CONTRIBUTION.

BY JOHN A. OCTERLONY, A. M., M. D.

Visiting Physician to the Louisville City Hospital.

CASE I. *A Second Attack of Scarlet Fever—Albuminuria—Convulsions—Recovery.* William M., white, nearly thirteen years of age, of strumous diathesis; has been of delicate health from early childhood to the present time. In 1869 he had a severe attack of scarlet fever, which apparently threatened to terminate fatally; his throat and ears were seriously involved, and have never been entirely restored to their normal condition. In 1874 he had diphtheria of a very aggravated type, and after a seeming recovery had paralysis of the soft palate and of the lower extremities. These sequelæ lasted for many weeks.

Late in the fall of 1875 scarlet fever of malignant type broke out in his family, and two sisters, younger than himself, died of the disease. All who nursed these children, and nearly all the children in the family connection, had sore throat and fever. This patient was taken sick on the first of December; he had fever, the temperature reaching 103° F.;

the throat was much swollen and ulcerated, so as to make his voice thick, and deglutition painful and difficult. He was confined to his bed for about a week, but no eruption could ever be seen, though it was carefully looked for every day.

Although this important element of scarlet fever was absent, and the patient had already had the disease several years before, I considered the case to be scarlet fever. At the end of a week the patient was out of bed, the fever was gone, both tonsils had sloughed away, leaving healthy granulating surfaces; but he was very feeble and exceedingly pale.

On the 10th of December, his mother first noticed that his face was swollen; the swelling first appeared about the lower eyelids. At the time she attached no importance to this symptom.

I was called to see him on the 13th of December, and found his face very pale and œdematous; his pulse was quick and feeble, but respiration was not hurried. He felt very weak; the bowels were constipated; urine scanty, dark-colored, albuminous, and contained blood-cells and epithelial casts. He had no headache or nausea, and apparently no fever. He was advised to remain in bed in a warm room; the bowels were opened freely by means of compound jalap powder; and tincture of the chloride of iron, with tincture of digitalis, was prescribed.

The following day no change in the symptoms had taken place. On the 15th of December I was unavoidably absent, and did not see the patient during the day; but at half past eleven at night I was summoned to his bedside in great haste. He had waked up in the morning with headache and nausea. As he had on several occasions had "sick headache," his mother supposed that he was now suffering from such an attack, and was therefore not alarmed. He vomited very often during the day, the headache continued, and he complained of seeing black specks before his eyes.

About eleven o'clock in the night, the mother was roused by a loud snoring noise, caused by the breathing of the boy. She went up to his bed, and saw him have a violent convul-

sion; very soon he had another, and very shortly after my arrival he had a third, that was quite long and violent; after which he remained profoundly comatose. It is probable he had at least one convulsion, and not unlikely that he had several, before the parents awoke and sent for me.

In the meantime my friend, Dr. Samuel Brandeis, had been sent for in consultation, and speedily arrived. The following measures were agreed upon, and with his kindly aid forthwith carried out: The patient was placed in a warm hip-bath and his feet put in a hot mustard-bath, while cold water was poured on his head. The venous congestion diminished under this application, and some manifestations of imperfect consciousness were observed. He was then placed in the "*cold pack*," to which he strongly objected, and indeed he was almost unmanageable for a while. He could now swallow and talk, but his language was quite wild and incoherent. An infusion of jaborandi had been quickly prepared (3 ij to water f 3 vj), and soon after the patient was put in the pack its administration was begun in doses of a tablespoonful every half hour. The medicine did not cause salivation or vomiting, but the patient soon began to perspire copiously and complained of being hot, as he had at first resisted and cried out because of the cold. Toward morning he passed water freely, and indeed the more copiously he perspired the more abundant became the renal secretion. There was no more convulsion, though twitchings of the muscles were observed at intervals for some time after he was first put in the pack. After a while he fell into a sweet sleep. Before leaving the house in the morning, I obtained about six ounces of urine, dark and smoky in color, of high specific gravity, and so charged with albumen that it became almost solid when treated with heat and nitric acid. The microscope revealed the presence of blood-cells, free renal epithelium and casts.

Throughout the day he continued to perspire freely, and the kidneys acted copiously. Indeed, it is a notable fact that the renal secretion was restored as soon as the skin began to act, and became abundant. Free diaphoresis continued, and

the patient was kept between blankets all day. By noon he was perfectly himself. The jaborandi was now given at longer intervals.

In the afternoon of the 16th of December, albumen in the urine had diminished to one-third of the column in a test-tube, and the urine was clear and much paler; the bowels had acted spontaneously.

On the 17th of December the patient felt perfectly well, had a good appetite, and the bowels acted; the urine was abundant, clear and of pale color, free from albumen—I could not find any casts in the sample examined microscopically. Convalescence thus auspiciously begun was rapid and without interruption; he was kept within doors for a couple of weeks, and took a ferruginous tonic, which was continued for some time, when he was completely restored to health.

One could scarcely deny that this was a case of scarlatina without rash, the "*scarlatina latens*" of authors, and corresponding to the type of measles described as "*rubeola sine eruptione*." The absence of eruption was, perhaps, due to a modifying influence of the first attack of scarlet fever in 1869. The nephritis that followed and culminated in uræmia and convulsions, yielded so completely and rapidly to treatment, that this constitutes a most interesting feature of the case. I have no desire to underrate the salutary influence of the hydrotherapeutic measures instituted; yet a goodly share of efficiency ought to be attributed to the use of jaborandi. In this instance it appeared to act as a diuretic and diaphoretic at the same time; certainly under its administration the functions both of the skin and kidneys were greatly increased, and I have noticed the same effect in other cases.

CASE II. *Hæmaturia in an Infant two days old—Recovery.* On the 25th of March, 1876, I delivered Mrs. — of her fifth child; the labor, otherwise normal, was followed by profuse flooding, which was not arrested by the ordinary means used in such cases. Mechanical irritation of the uterus, ergot, ice, etc., were all resorted to; but in a little

while the uterus, after a transient and incomplete contraction, would again become relaxed and the hemorrhage returned. Finally I injected two drachms of tincture of iodine into the uterus, and the flow of blood almost immediately ceased and the womb permanently contracted. The mother was much exhausted by loss of blood, had fever, which set in almost at once, and lasted many days; her convalescence was quite tardy.

On the 27th, the napkins of the infant were found deeply stained, apparently with blood; this was at first thought to proceed from the navel, but an examination showed that was not its source, and on observing the little patient while urinating, a dark, claret-colored stream was seen flowing from the urethra. This discharge soon became more frequent and abundant, so that the napkins had to be changed at short intervals. Some of them were thoroughly wetted, and even after being perfectly dried retained a deep blood color. On soaking the stained portion of one napkin, which I had taken home with me for examination, in distilled water, a light claret-colored solution was obtained; this was found to contain albumen, and when subjected to the proper tests, gave evidence of being rich in hæmatin.

Microscopic examination showed that the fluid contained a considerable quantity of organic granular *débris*, and little particles that looked as though they might be fragments of blood corpuscles, but not a single entire blood-cell could be found, although frequent examinations were made. The infant was a large, hearty-looking boy. Immediately after birth some difficulty was experienced in establishing respiration; otherwise there was nothing abnormal about him until hæmatinuria came on.

On the 28th, these discharges had become serious on account of their frequency and magnitude, and the little patient presented a very alarming aspect. He had ceased to take the breast, being too weak to suck; the surface was cool, the features looked pinched, the pulse was almost imperceptible, and the fontanelles had become depressed. The discharges

of bloody-looking urine were greater than ever, and this day thirteen or fourteen napkins were soiled by him.

The treatment I had adopted when hæmatinuria became copious, and the symptoms appeared to demand interference, was: Fluid extract of ergot,* in two minim doses, repeated every two hours, and small quantities of hot whisky toddy at short intervals, and the application of external heat.

On the 29th my friend, Dr. E. D. Forcé, saw the case with me in consultation, and approved the treatment already begun; in addition he suggested the use of small doses of tannic acid by the mouth, or if not well borne when given this way, per rectum. The acid was rejected whenever given, either one way or the other. The ergot and whisky were continued with great regularity.

During the night some improvement took place, and by the next morning (the 30th) the patient was much better, the fluid passed being of lighter color, less in amount and intervals longer; he was stronger and could take the breast. In another twenty-four hours the urine was of normal color and composition, and convalescence had become fully established.

I have seldom seen a more marked condition of impending collapse than was present in this case. The patient presented a very alarming appearance, which for two days and nights gave little hope of recovery; yet the improvement was as rapid as the invasion had been sudden.

There are several points of interest in this case. Hæmatinuria is not a common affection in adults; but in patients of such tender age as this it must be extremely rare. The treatment was attended with so satisfactory results that I feel justified in urging its adoption in similar cases that may occur in the practice of other physicians.

The etiology of hæmatinuria is always obscure: in this case it is certainly difficult to suggest a cause. Could the severe loss of blood sustained by the mother have exerted an influence upon the infant sufficient to induce in it such disintegra-

*The preparation used was made by my friend, Professor C. Lewis Diehl, of this city.

tion and loss of blood? If so, hæmatinuria in the child ought to be rather common after post partum hemorrhage, but it is not. Could the difficulty in exciting respiration in the new-born child have any causative relation to the subsequent hæmatinuria? The frequency of the one and the rarity of the other, at once give the negative to this view. The mother's health before labor was rather below par, and this should, perhaps, be taken into account. Roberts* says that "hæmatinuria is caused by rapid destruction of the blood discs in the blood vessels, such as occurs in the state which is known as 'a dissolved state of the blood,' in septic, pyæmic and putrid fevers, and in some extreme cases of scurvy and purpura." After delivery the mother had fever, which may have had some element of septicæmia in it, though it could have been but slight. She was treated with quinia, and I find that the cases of hæmatinuria in adults, which are reported by Roberts, were almost all treated with this remedy. Some of the quinia given to the mother must have been eliminated in the milk, so that a certain proportion of the drug was necessarily taken by the infant; whether it had any share in promoting the cure, I am unable to say.

LOUISVILLE.

METRORRHAGIA FROM IMPERFECT DELIVERANCE.

BY THEOPHILUS PARVIN, M. D.

The classic division of metrorrhagia is into essential and symptomatic. Siredey† justly observes that the latter division is much the more important, and is really the only one which ought to be retained.

The object of this paper is to consider but a single variety

*Urinary and Renal Diseases.

†*Metrorrhagie. Nouveau Dictionnaire de Médecine et de Chirurgie Pratiques.*

of symptomatic metrorrhagia and its treatment. Indeed, it would be juster to say a sub-variety, since it is proposed to limit discussion to that form of metrorrhagia which occurs from incomplete abortion. The importance of the subject arises from the comparative frequency of the disorder, its dangers, the liability to lean upon the broken reed of a general treatment, under the sometimes misleading statements of the patients who either do not know, or desire to conceal, the fact of an abortion, and from the very satisfactory results of appropriate local therapeutics.

Without further preliminary remarks, four cases of this variety of uterine hemorrhage will be narrated, with the treatment, and then some general observations upon the subject will be made.

CASE I. I was called November 16, 1876, to see Mrs. M. in consultation with Dr. Kaiser. This lady was forty-four years old, married when twenty-four, and had given birth to ten children, eight of whom are living. Her last child was born in September, 1875; when it was seven months old, and while she was still nursing it, she menstruated; "saw nothing" for two months, and then a menstrual flow, which was followed by suppression for three months and the usual symptoms of pregnancy: then there was a discharge from the uterus of a fleshy putrid mass. During nearly two months intervening between this discharge and my visit, there had been metrorrhagia, sometimes profuse and seldom absent longer than a day or two. She had been under the treatment of three different physicians, for this uterine hemorrhage. It was attributed to "change of life" by one, and red wine and cinnamon with ergot given; by another to anemia, and the muriated tincture of iron directed; the third had injected the uterus three times with a solution of persulphate of iron, and always with temporary benefit. I found the uterus somewhat larger and softer, and the os more patulous than natural. Placing the patient upon her side, a Sims's speculum was introduced, a tenaculum fixed in the cervix, and the uterus drawn down in the axis of the pelvic cavity, thus approximating the vulval orifice; then with the forceps, to be described presently, introduced into the uterine cavity, I removed several fragments of the decidual membrane, some half the size of

the finger-nail. After this removal I swabbed the interior of the uterus with Churchill's tincture of iodine. Three days after, some hemorrhage returning, I repeated the operation, finding, however, only two decidual fragments. The patient was then effectually cured.

CASE II. A few days after, Dr. Schiller had me to see with him a lady, forty-six years of age, mother of several healthy children, normally regular, except when pregnant or nursing she had had after two months' menstrual suppression, associated with some of the symptoms of pregnancy, uterine pains, a slight hemorrhage followed by a sudden watery discharge, and then commenced a seven weeks' metrorrhagia for which Dr. Schiller had been treating her. In addition to appropriate constitutional treatment, Dr. S. had also used, always with temporary benefit, astringent injections in the uterus. After dilating the os with a sponge tent, a treatment similar to that detailed in the first case was successfully pursued.

CASE III. My friend, Dr. I. C. Walker, requested me to visit with him Mrs. —, who, consequent upon an abortion at three months, had been suffering six weeks with metrorrhagia. The lady was about thirty years of age, and had two living children. For the hemorrhage cold compresses had been used, and ergot, gallic acid, and aromatic sulphuric acid, had been administered internally. Then the os was dilated, and the interior of the uterus, on two successive days, thoroughly swabbed with Churchill's tincture of iodine. All these means failing, nitric acid was freely applied to the uterine walls; this, too, failed. Dr. W. then used the forceps, removing what was probably a fragment of placenta with some small pieces of decidual membrane.

Upon my visit I repeated the use of the forceps, removing a placental piece less than the end of the little finger in size, and a fragment of the decidua, half the size of the finger-nail. This accomplished, iodine was applied. The metrorrhagia was at once and effectually cured.

CASE IV. In this case the hemorrhage came on after six weeks' suppression. The lady was about thirty years of age, had been married eight years; had had a miscarriage at six months, but had never given birth to a living child. The hemorrhage had persisted for more than two months, in spite of hot water injections, alum

and cotton tampons, and the administration of ergot, Indian hemp, digitalis, quinia and sulphuric acid. No dilatation of the os being necessary, the forceps and iodine were used as in the previous cases, and the success was prompt and entire.

I might add to these cases several similar ones that have fallen under my observation within the last five years, but the four that have been narrated, all of them happening within two weeks, sufficiently illustrate the form of disease and the method of cure.

Judging from my experience, metrorrhagia from incomplete abortion is not infrequent. Doubtless most of the cases work out their own salvation; but it frequently is a tedious process, and even if a complete deliverance is finally effected by nature, serious impairment of the health or permanent uterine disease may be the consequences of the protracted process. Possibly the fact that most of such cases do ultimately recover without local treatment, explains the great value which by some is attached to certain alleged uterine hemostatics, when these chance to have been administered in the progress of these cases towards nature's curing.

In the diagnosis of metrorrhagia from imperfect deliverance, we have first the history of probable pregnancy—that pregnancy, by the way, in the special variety of metrorrhagia this paper is occupied with, rarely advancing into the fourth month; we may have, then, the history of a sudden watery discharge, preceded possibly by pains and "a show," this standing at the commencement of the chapter of days or weeks of constant or intermittent metrorrhagia. Possibly, in some cases the diagnosis may be made still plainer by finding that a distinct embryo, but never a perfect ovum, has been discharged.

A digital examination finds the uterus lower, larger, softer, and the os more patent than normal. Given that history and these conditions, the chances are nine out of ten that there is a local cause for the hemorrhage, that cause being a retention of a portion of the ovum. In the conditions referred to, no difficulty will be found in the great majority of cases in readily

introducing the forceps; and such introduction is useful not only for diagnostic, but for therapeutic purposes.

As to the form of instrument, for some years I made use of a pair of long, curved, narrow-bladed polypus forceps. In conversation with Dr. Emmet last spring, upon my referring to the use of forceps as a substitute for the curette of Récamier in a certain form of disease of the lining membrane of the uterus, he called my attention to the fact that he had devised forceps for this very purpose. Soon procuring his instrument, I have found it an admirable one not only for the use just mentioned, but also very much better than any instrument yet devised of which I have any knowledge, for effecting the removal of any oval fragments left after abortion.

The subjoined illustration very well represents Dr. Emmet's instrument, the size being reduced two-thirds:



Very rarely will it be necessary to introduce a tent preparatory to the use of the forceps, for even if the os be not sufficiently dilated (it generally is), the tissues are so relaxed that with a little patient pressure of the instrument within the cervical canal, the slight resistance is soon overcome. It need hardly be said that this as well as are the other steps of the operation, is greatly facilitated by having the uterus fixed by the tenaculum, as previously mentioned. It is not enough to introduce the forceps once, but three or four different times, opening the blades in different directions in the cavity, towards either side, and anteriorly and posteriorly.

After completing the work of the forceps, then the applicator, wrapped as largely with cotton as its ready introduction will permit, and having the cotton saturated with Churchill's

tincture of iodine, is made use of to swab out the uterine cavity. Repeat this two or three times, or even oftener if the hemorrhage is not arrested; not that this hemorrhage is now of serious import, but that it is desirable to have the undiluted iodine applied directly to the surface from which the growth has been removed, to prevent a possible production of granular disease, and to all the rest of the lining membrane to insure uterine contraction—this early and thorough contraction doing much, I am persuaded, to prevent that subsequent subinvolution of the womb, which is so often the consequence of abortion. One striking effect of iodine applications thus made, is the prompt contraction of the uterus thereby induced, so that each successive time the thickness of the fresh cotton wrapping must be lessened. From the treatment here detailed, a treatment to which I have resorted many times, I have never seen any injurious results; on the contrary, these have been always and promptly good.

In the *Western Journal of Medicine*, November, 1867, Dr. J. C. Reeve, of Dayton, Ohio, has a paper upon the subject marked by his well known professional scholarship and practical ability. Incidentally, too, the subject has been presented by Dr. J. Matthews Duncan, in a paper entitled *Presence or Absence of Fetid Discharge in Cases of Imperfect Deliverance*.*

Since writing this article, I have received Dr. Sourdets interesting monograph,† in which while considering the question as to expectancy or intervention in placental retention, he quotes the statistics of Dr. Ebstein. These statistics show that in two hundred and thirty-six cases where the expectant plan was pursued, there were one hundred and eighty-eight deaths, and forty-eight recoveries; while in three thousand six hundred and seventy-one cases where intervention was the practice, there were three thousand three hundred and ten cures, and only three hundred and sixty-one deaths.

* *Researches in Obstetrics*, Edinburgh, 1868.

† *Accidents et Complications des Avortements*. Paris, 1876.

Although Sourdét expresses his fear that these statistics by proving too much prove nothing, and thinks that there is a wise and just mean between waiting with folded arms for nature to complete the work, and, on the other hand, always resorting to art, in imperfect deliverance—a position which will be generally accepted—we can not but regard them as conveying an important lesson. Nor do we think he would hesitate in making intervention the general rule in all cases where metrorrhagia persisted.

How long shall intervention be delayed in imperfect abortion? Guéniot has answered, two days in the first two months; twenty-four hours in the third and fourth months; twelve hours for the fifth, and six for the sixth month. These rules, of course, are not regarded by Sourdét as absolute; they could hardly have been so considered by their author, for the individual case may require an earlier or a later interference, and they are to be regarded as approximative or conditional.

INDIANAPOLIS.

ACTION OF GELSEMIUM SEMPERVIRENS.

BY ISAAC OTT, M. D., EASTON, PA.

This plant, one of the family of apocynæ, grows in the southern states. It has a high reputation in the treatment of febrile affections, but when its action is analyzed it would seem to be of more value in nerve troubles. Prof. Wormley, of Ohio, was the first to discover that it contained two principles—gelsemia and gelseminic acid. Lately Sonnenschein and Robbins have stated that the acid is similar to æsculin, a principle existing in the horse chestnut. I have already published a preliminary communication that the acid is a convulsant. When the acid, dissolved in water, is injected in small doses subcutaneously, the frog hops away, and in the course

of about fifteen minutes there ensues, after a preliminary stage of diminution of reflex and voluntary activity, upon touch a tetanic state of the posterior extremities, which gradually spreads and involves the anterior extremities also. The heart-beat is depressed to about twenty per minute, and the respiration lower when large doses are given. The pupil at first contracts and then dilates. In huge doses the frog lies motionless, but when pinched struggles. Near death pinching has no effect, but turning him on his back causes movements to be evolved. The tetanus may continue for a considerable time. Such is a general outline of its effect on the frog. I shall give a few of the many experiments recorded:

I. Small frog at 6 P. M. received .003 gramme of the acid, hops away; 6.03 P. M., upon the slightest touch there ensues a croak; 6.15 P. M., tetanus of the posterior extremities, which is exhausted by frequent irritation, respiration twenty per minute; there is a diminution of reflex excitability and voluntary movement; 7 P. M., in same state, makes some voluntary actions; the tetanus has disappeared in the anterior extremities. Next morning there is still some tetanus in the posterior extremities, voluntary movement less than normal, respiration forty-four per minute, and croaks when touched. In the afternoon, when pinched is elevated upon the tips of his extremities; no tetanus, great hyperæsthesia; on the third day, the animal fully recovered.

II. Frog at 12.24 P. M. received .005 gramme of gelseminic acid; at 12.35 P. M. received .005 gramme of the acid, lessening of reflex irritability and disposition to move; 12.50 P. M., tetanus of the posterior extremities, received .005 gr. of the acid; 1.05 P. M., respiration twenty-four per minute; there is a fluorescent state of the eyes, the acid being absorbed into the aqueous humor; when touched, leaps away. At 1.26 P. M. received .015 gramme of the acid subcutaneously; eyes very fluorescent, the animal presenting a striking appearance; hops with difficulty. At 4.25 P. M. complete loss of coördination; on pinching, makes a few feeble struggles; respiration, thirty per minute; heart-beat, forty. Next

day recovery was gradual, with considerable want of coördinating power.

III. At 4.30 P. M. the frog received .010 gramme of the acid subcutaneously; some loss of reflex and voluntary movement; 4.45 P. M. well marked tetanus; at 5.50 P. M. received .020 gramme of the acid; remains in the same state during the night. Next day great hyperæsthesia, with complete loss of coördination; tetanus upon touch. On third day, heart-beat twenty-four per minute; pinching does not cause any movement, but placing in a supine position does; dies during the afternoon; heart in a dilated state.

That the action of the acid may be compared with that of gelsemia, the next experiment is given. The alkaloid was free from the acid, and the acid was free from the alkaloid, as has been shown in another paper.*

IV. Frog received .010 gramme of gelsemia, in the shape of an acetate, at 4.10 P. M. At 4.45 P. M. tetanus ensued; 4.50 P. M. lies prone; when pinched struggles, legs extended; no tetanus; finally the animal recovers.

The following *resumé* expresses the conclusions drawn from the above experiments:

First, gelsemia and gelseminic acid convulse and then paralyze. Second, the acid has greater convulsive power than the alkaloid. Third, the alkaloid has greater paralyzing power than the acid. Fourth, the tetanus of the alkaloid is of shorter duration than that of the acid. Fifth, profound paralysis follows the tetanus of the alkaloid; and, except in huge doses, there is little from the acid. Sixth, large doses of the alkaloid are necessary to tetanize, and small ones of the acid. Seventh, the acid possesses the unique property of causing a fluorescence of the humors of the eye. This last fact may be of value to the oculist, should a fluorescent state of the aqueous humor be of any service.

PHYSIOLOGICAL LABORATORY,
UNIVERSITY OF PENNSYLVANIA.

(To be continued.)

* Philadelphia Medical Times.

ANTIPYRETIC TREATMENT OF TYPHOID FEVER.

BY HANNIBAL LANDON, M. D.

The introduction of Ziemssen's *Cyclopædia of Medicine* has suggested some material changes in the treatment of many diseases. Among those, and not the least important, is the antipyretic treatment of typhoid fever. Many physicians are slow to adopt this method of treatment, because it is so wide a departure from the old road, and they shrink from the adoption of such bold, energetic measures. One who reads carefully and compares the views of Ziemssen with those of other authorities, must feel that in many respects a revolution is being effected in medicine. As to the etiology of typhoid fever few authorities differ at present; all believing the cause to be a specific poison attended with certain effects and changes in the human body, proportionate to the amount received and the susceptibility of the patient. As to its origin and method of propagation, there is this great disagreement: the later authorities believe that the products of decomposition form the nidus for its growth and dissemination. However all this may be, one thing is certain, that the most important matter is, What shall be our treatment of the disease?

I desire, in the present article, to express my hearty indorsement of, and confidence in, the antipyretic method of treatment fully elaborated by Liebermeister, in the first volume of Ziemssen's *Cyclopædia*, as the most rational and successful of any at present known to the profession. I know that it has often been severely criticized and condemned, but I believe without just grounds.

For the benefit of those who may not have the *Cyclopædia*, and to disarm prejudice, I submit the following cases, with a schematic representation of the course of the fever as influenced by such treatment, and its results:

October 13, 1876, I was called to see a young man aged seventeen, in his first week of typhoid fever. He had been

confined to his bed three days; was violently delirious, constantly asserting that there was nothing the matter with him, and persisting in attempts to arise and dress himself. During his few quiet moments he was constantly talking to some fancied friend, and picking at imaginary objects in the air. His pulse was 90, temperature $105\frac{1}{2}^{\circ}$ in the axilla, on the morning I first saw him; tongue very red and dry; bowels tender and tympanitic, with severe diarrhœa; kidneys moderately active. A full length rubber bath-tub was sent for, and a bath of 68° and ten minutes' duration, immediately given. He became rational while in the bath, and desired to know why he was being thus treated. His case was explained to him; and upon being taken out of the bath he thanked his attendants for the comfort they had afforded him. Shortly after his bath his temperature fell to 102° , and a quiet sleep ensued. At seven o'clock that evening he was given thirty-five grains of quinia at one dose, and the bath of 68° , from seven to ten minutes' duration, as often as his temperature arose to 103° . The next morning his temperature was 101° , pulse 84, and he was perfectly rational. From that time on till the violence of his disease had passed he received his bath when the temperature arose to 103° , and on alternate evenings forty-five grains of quinia, none being administered during the interval. As convalescence approached, the quinia was gradually reduced and baths given less frequently; this, with a saturated solution of chlorate of potash, constituted the treatment.

After the commencement of the baths and quinia, tympanitis and diarrhœa became so mild that no further treatment was necessary for either. Slight hypostatic pneumonia occurred in both lungs, but with attention to position and the moderate administration of stimulants it soon passed away. Nourishment was freely given in the shape of milk and beef essence. The duration of his case was thirty days, and ended in complete recovery.

The next case was that of a young man aged eighteen, who had attended the patient reported above one night only, and sickened in fifteen days after. Being called early, I kept a

careful record of this case, and report it more fully. The temperature was taken every four hours from the beginning to the close of the case, which includes a relapse following almost immediately after the close of the primary attack. A schematic representation of the course of the fever as influenced by the antipyretic treatment is added to the article, the lowest morning and highest evening temperatures being given for the hours of eight o'clock A. M. and eight o'clock P. M. of each day, for the primary and secondary attacks.

The average daily temperatures, primary attack, beginning with the day marked the *third* in the chart, are $104\frac{3}{4}^{\circ}$, $104\frac{1}{4}^{\circ}$, $104\frac{3}{4}^{\circ}$, $103\frac{1}{4}^{\circ}$, $103\frac{1}{2}^{\circ}$, $102\frac{1}{2}^{\circ}$, etc. This average daily scale, which the reader can complete for himself, shows about where we can keep the temperature; and upon this fact our prognosis largely depends in the treatment of typhoid fever.

By comparing these scales with Liebermeister's representation of the course of the fever, uninfluenced by antipyretic treatment, an idea of the importance of such treatment will be observed. On the evening of the third day's illness, this patient received thirty-five grains of quinia at one dose, at eight o'clock, the temperature being $105\frac{1}{2}^{\circ}$ in the axilla. It was preceded by a bath of 68° , of seven minutes' duration. The temperature fell during the night to 100° , and stood at 101° at eight o'clock next morning. A bath was given this patient as often as the temperature approached 103° . It was often necessary to administer a bath every two hours, especially during alternate days, when not under the influence of quinia. After the first dose of thirty-five grains of quinia, forty-five grains were given at one dose, every alternate night till near the close of the case, when it was reduced to twenty-five, fifteen, and ten grains, as convalescence was being established. The dose of quinia was increased to forty-five grains because my experience had been in full accordance with the statement of Liebermeister, that no dose can be considered satisfactory that does not reduce the temperature to 100° , or below; any less reduction is soon followed by a rapid rise in the temperature, and a resort must be had to the bath again;

whereas, if the temperature is brought down to 99° or 100° by the quinia, a bath is seldom necessary for the next sixteen or eighteen hours. Over one hundred and thirty baths, and near eight hundred grains of quinia were administered to this patient. The baths were always well borne, no discomfort following their use, and no more deafness or tinnitus aurium was produced by the large doses of quinia than is often perceived by giving ten or fifteen grains; in fact the patient was anxious to have a dose every night, on account of the comfort he declared it afforded him.

But little tympanitis or diarrhœa troubled this patient. His bowels moved once or twice daily. Nourishment was freely taken, mostly in the shape of milk. Lemons and oranges were freely allowed and relished. No opiates were necessary, and stimulants but moderately during the long illness. No complication except the relapse occurred, which was treated in all respects like the primary attack, and was much shorter in duration. The patient was perfectly rational during his entire illness, and able to help himself in all particulars so far as was necessary. His pulse ranged from 84 to 110. Tongue moderately coated and very red, but generally moist. Kidneys always active. There was a moderate eruption in the primary attack, and profuse eruption in the secondary.

Two other cases occurred in the same family, one of which was treated on the same plan; the other was so mild that but little antipyretic treatment was necessary. All made good recoveries. I am satisfied the two first cases would have proved fatal if they had been treated in the ordinary way, either from the fever direct or from complications. Liebermeister states that "the true danger consists in the deleterious influence of a high temperature on the tissues, by means of which necrobiosis of the same is brought about, manifesting itself anatomically as parenchymatous degeneration." The worst complication to be dreaded from the fever, and that which often proves speedily fatal, is cardiac paralysis. This the cold baths and quinia, above all other means, prevent, in that they radically reduce the high grade of fever which is so

destructive to the tissues of the heart, brain and nervous system. With cardiac weakness the general nutrition of the body is seriously interfered with, and other complications directly favored.

From these considerations we conclude: First, that we should reduce the fever from a continuous to a remittent type. Second, our prognosis will be favorable in proportion as we can do so. Third, we should guard against every occurrence that would favor cardiac weakness. Fourth, proper attention should be given to the nourishment of the sick.

If these points are attended to, we shall see our patients kept comfortable and rational; and a large share of anxiety and sleepless nights banished from our lists. Antipyretic treatment in typhoid fever will do all this for us, and do it well.

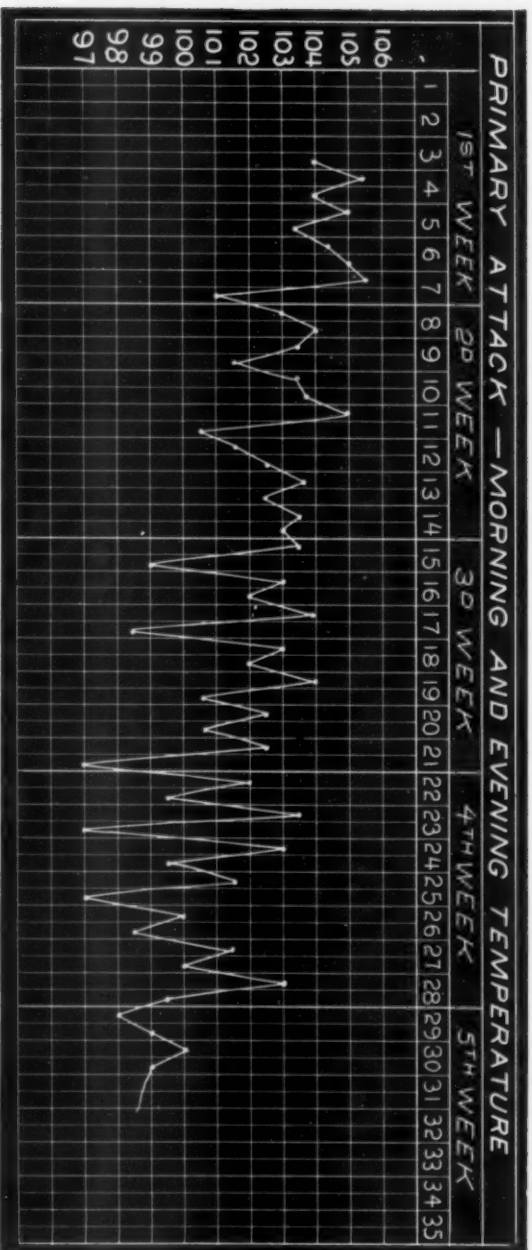
Many points of special interest must necessarily be left out in a communication of this kind, but if it should be the means of stimulating inquiry, or save a single life, the object will be attained. I am indebted to my partner, Dr. S. C. Maxwell, for valuable help in preparation of the present article.

REMINGTON, IND.

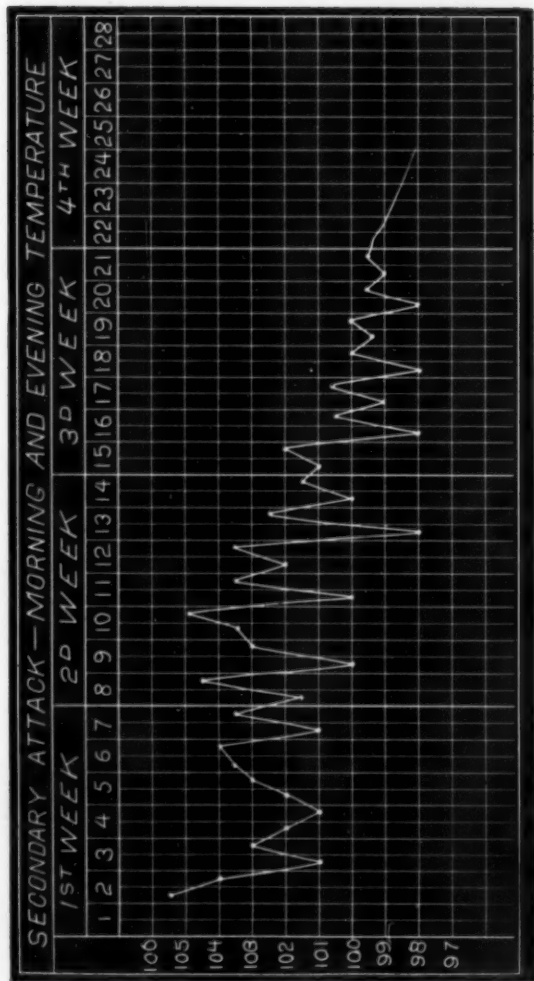
NASO-PHARYNGEAL FIBROMATA.

BY RICHARD C. BRANDEIS, M. D.

In a translation of a clinical lecture by M. Guillemin, of Paris, published in the Medical News and Library, the Professor, in speaking of naso-pharyngeal fibroma, says: "Finally, M. Nelaton's researches have taught us two things which ought to be utilized in the diagnosis. The first is, that naso-pharyngeal fibrous growths are seen especially upon young people; and the second is that they are seen almost exclusively upon boys, and not upon girls." He further says: "The cases



Antipyretic Treatment of Typhoid Fever.



Antipyretic Treatment of Typhoid Fever.

which I have met are entirely confirmative of these two opinions. I have seen naso-pharyngeal fibromas only upon adolescents and upon boys. I have read of some cases where the patients were girls, but I am not sure that the diagnosis was correct."

Although far from casting any doubt upon the correctness of M. Guillemin's statement, I am free to say that his assertions, though holding good for France, and perhaps continental Europe, do not bear upon this country. Billroth, in his *Surgical Pathology and Therapeutics*, says: "Fibromata proceeding from the periosteum are quite frequently seen; they are generally fibro-sarcomata, *i. e.*, they are composed of fibrous and spindle-shaped cells; the latter may even predominate (fibrous sarcoma of Rokitansky). The periosteum of the cranial bones and those of the face are particularly liable to these tumors, especially the lower surface of the sphenoid bone; the fibromas make their appearance in the nasal cavity in the form of polypi, and are also present in the pharynx (fibrous naso-pharyngeal polypi); they may, by pressure, absorb the bone and extend into the cranial cavity or the antrum of Highmore." Billroth, however, does not allude to the supposed immunity of the female sex from this affection; and it has been my good fortune to have had three cases of undoubted fibromas, all in females, under my care. Two of these were seen before I had read M. Guillemin's paper, and the third was seen but a few months ago.

In December, 1875, I was asked by my friend Dr. David Cummins, of this city, to assist him in operating upon a young lady, Miss B., from New Orleans, aged twenty-two years. On examination I learned that the patient had been troubled for several years past with tumors growing in the post nasal cavity, which grew larger and larger, and by extending into the pharynx seriously interfered with respiration, articulation and deglutition. Removal had been attempted, time and time again, by New Orleans physicians, with only partial success. On inspection I found that both nostrils were almost entirely occluded, and bidding the patient to open her mouth and

inspire forcibly, the apex of the tumor was distinctly visible at the border of the soft palate. Introducing my index finger into the throat, and passing it upward behind the palate, I found that a resisting, pear-shaped tumor was attached to the basilar process of the occipital bone. After repeated efforts to remove the same by means of the vulsellum and scissors, we applied the *écraseur* through the mouth, but failed also in this endeavor. The idea then struck me that, perhaps, by introducing the wire of a small *écraseur* through the nasal cavity into the pharynx, I might be able to remove the tumor. This plan meeting with the approval of Dr. Cummins, on the day following we passed the wire of a fine *écraseur* through the right nostril, which corresponded with the attachment of the tumor, until it was visible in the pharyngeal cavity. Bidding the patient to open her mouth, I passed my two index fingers down to the pharynx, separated the loop of wire and passed it over the tumor, where I held the same until Dr. C. had drawn it up into the *écraseur*. As the tumor did not immediately make its appearance, we supposed that we had again been foiled in our endeavors; but to be certain, I passed my finger into the post nasal cavity and succeeded in extricating the *corpus delicti* from its hiding place. The tumor was pear-shaped, one inch in length, three and three-quarters in circumference at its greatest diameter, and presented the appearance of a true fibrous tumor, being hard and of a cartilaginous nature. On section it was of a fibrous appearance, with small fatty nodules interspersed here and there. I had it examined microscopically by an expert, who reported it as a fibro-sarcoma.

After the operation Miss B. stated that she had never experienced such relief as after this operation; nasal respiration was soon restored. She returned home, and I heard nothing of her until July, 1876, when she again visited me with the statement that the tumor had reappeared, and was troubling her as much as ever. On manual examination I found two tumors instead of one. I again attempted to remove them by the method above described, but to my surprise I failed

repeatedly, owing to the density of the tumors, which caused the wire of my *écraseur* to break three times successively. I then employed a pair of scissors, the blades of which were curved both on the edge and on the flat, and passing them behind the palate with my finger as a guide, I succeeded in cutting them off, but not without using some considerable exertion. These tumors were not quite so large as that first removed, but presented the same macro as well as microscopical appearance. I made several applications of chromic acid to the remaining stumps, and though nine months and more have elapsed since the last operation, there is no sign of a return of the polypi.

The second case occurred in the practice of Dr. D. W. Yandell, also of this city. Miss C., aged fourteen years, of King's Mountain, Ky., came to Dr. Yandell to be relieved of a tumor which filled up both nasal cavities, and interfered with respiration, deglutition and articulation. Dr. Yandell asked me to see the case with him, and assist him in any operation which might be deemed necessary. I quote from my note-book: "Miss C., aged fourteen, February, 1876; occlusion of both nasal fossæ, by some adventitious growth; nasal respiration almost entirely lost; articulation difficult, voice clouded; the right side of the face and cheek very much enlarged and disfigured, as if there were a tumor of the antrum of Highmore; no cachexia, nor tuberculous taint. The protrusion of the maxilla was so great that the labio nasal furrow and the lower orbital margin were entirely obliterated. Introducing my finger into the pharynx, and passing it upward behind the soft palate, I found a hard, resisting mass occupying the whole post nasal cavity. This mass appeared to be very hard and resisting, and as far as I could make out was attached to the pterygoid plate of the sphenoid. I also inserted my little finger into the right nostril, and after some exploration, succeeded in touching the tumor, and again found it of the nature just mentioned.

Dr. Yandell consenting to the employment of the *écraseur*, we introduced the snood until it made its appearance in the

pharynx. Separating its loop I passed it over and behind the tumor, holding it there until Dr. Yandell succeeded in cutting through the pedicle. The tumor, when removed, was the size of a pigeon's egg. Hemorrhage was rather profuse, but was due to the laceration of the nasal mucous membrane, which was greatly congested and in a state of hypertrophy. To relieve this we instructed the patient to snuff up a dilute solute of the tincture of iron several times daily; and a few days after the operation she passed from our hands, returning home. I saw her attending physician last fall, and was informed by him that Miss C. was greatly improved—nasal respiration was completely restored, and the prominence of the cheek had almost entirely subsided. The specimen weighed three hundred and forty-five grains, and was carefully examined microscopically by a friend, who reported as follows: "The tumor presents the filamentous tissue, or appearance characteristic of the fibro-cellular tumor described by Paget. In some parts, were soft undulating filaments, collected in fasciculi which interlaced, and from which single filaments were traceable. In some portions particles of cartilage, partly ossified, were found."

The third case occurred in the person of an old lady, Mrs. K., of this city, who consulted me in regard to an obstruction of breathing and a continual desire for swallowing. She said that she felt something in her throat which she could get neither up nor down. Taught by my previous experience, I did not hesitate to explore, manually, the post nasal cavity, and introducing the *écraseur* wire already described, succeeded, with the assistance of my father, Dr. Samuel Brandeis, in removing two fibrous tumors, each about the size of a hazelnut. They were both attached to the right pterygoid process of the sphenoid bone, and were very hard and resisting. On section they presented a lardaceous appearance, characteristic of some forms of fibrous tumors. I exhibited the specimens at a recent meeting of the Medico-Chirurgical Society, and none of the members present urged any dissent from my expression as to the nature of the tumors. The lady is completely

relieved of the annoyance, and is undergoing a course of treatment for the relief of a chronic nasal catarrh.

I hope that this short paper will attract the attention of such *confrères* as have met, or may meet with similar cases, and will induce them to contribute their experience in refutation of M. Guillemin's assertions.

LOUISVILLE.

CEREBRAL EMBOLISM—HEMIANÆSTHESIA.

BY WILLIAM CARSON, M. D.

The subject of the following report was H. A. L., physician, aged thirty-six years, of rather delicate constitution, though seldom sick; mother died of phthisis in comparatively early life, leaving several children; father still living, aged eighty years, and in excellent health. H. A. L. had been an active practitioner, and was for several years surgeon to an Ohio regiment in the war of the rebellion. He resumed civil practice, improved by his military life. A few years before his death he had lost his wife and several children.

At the time of his attack he considered that his health was better than it had been for several years, though he gave account of lumbo-sacral pains, radiating to the lower limbs, during several periods of the preceding winter.

On the afternoon of March 25th, near five o'clock, he went to the rear of his garden, a spot of about an acre, for the purpose of repairing the fence. Whilst stooping, and in the act of nailing on a board, he felt a sudden and severe darting pain through his head, and on rising up felt decided vertigo and unsteadiness, which was so marked that, while he was walking toward his stable, he feared that any of the neighbors who might see him would think him drunk. One of his objects also, when he went to the garden, was to feed his horse. He accordingly ventured to go to the stable. He climbed the

hay-mow, and threw down some hay. He thought he felt a difference in his two sides during these movements, and did actually trip and fall in endeavoring to step over the shafts of his buggy. He could not be positive whether this was before or after he procured and gave the hay to his horse. After doing this he started toward the porch in the rear of his house, and on his way felt his left arm and pectoral muscle in spasmodic motion, and a positive weakness in his left leg. On trying to step on to the porch, which had an elevation of about a foot above the ground, he tripped and was about to fall when one of the family, who had observed him, caught him and assisted him to his room. All this time there was more or less jerking of his left arm and pectoral muscles, which continued during the evening. His wife—he had been a second time married six months before—says that there was confusion of mind and difficulty of giving his account of what had happened. He was able, however, to do it after some effort, and gave a fair account of his case to Dr. Carver, of Columbia, who arrived in about half an hour after the beginning of his attack. The Doctor found his condition much depressed, as manifested by the cool surface and extremities, and the very slow and feeble pulse, about thirty per minute. There was difficult movement of his left leg and arm, but no paralysis of tongue or face. He felt vertigo when sitting, but particularly when getting up; in rising there was tendency to fall to the left, unless supported. He spoke of a confused feeling in his head, and in giving Dr. C. some directions in reference to his patients made obvious mistakes about the prescriptions, which showed that his faculties were at fault. Stimulants, internal and external, were used, and in two or three hours some reaction was secured.

At 10 o'clock P. M., about five hours after the attack began, an observation with the thermometer showed a temperature of $102\frac{1}{2}^{\circ}$. On the following morning at 8 o'clock it was found that the reaction had been maintained. The surface was warm, the pulse firmer and slightly more frequent, and he had slept some. But there was still vertigo and a sense of

confusion, and his mental action, in some matters pertaining to his case or business, was not correct. Bowels had not been moved; urine had been passed. He had eaten some breakfast, and felt hopeful.

On Monday, March 27, when Dr. Green first saw him with Dr. Carver, there was a disposition to fall backward, some imperfect power in arm and leg, though he himself thought they were restored. He was dizzy on leaning forward or standing. He so far improved by Thursday, the 30th, that he rode out with Dr. Carver in his buggy. On going upstairs to make a visit to a patient he came near falling backward down stairs. On Saturday, April 1st, he felt able to ride a distance of seven or eight miles with his wife to the house of her uncle, where they remained until Monday, when they returned after a chilly and wet ride. He rode out on several different occasions with Dr. Green, and with his own wife. He began to have some severe headache, and had his first chill on Wednesday, April 5th, but went out after that as he thought it of malarial origin.

On Saturday, April 8th, fourteen days after his first attack, I saw him in consultation with Drs. Green and Carver. He was lying in bed, and had been most of the day. He gave me his account of the beginning of his illness with accuracy. He speculated upon it and was still of the opinion that his present condition was a development of malarial influence, which he had always escaped, though living in an infected district. His articulation was natural. There was no apparent manifestation of any affection of the cranial nerves. Tongue protruded straight, thickly coated. Facial expression and movement symmetrical. Pupils normal, as they had been all the time. He was suffering with headache; got out of bed, but had to do it slowly and carefully, not because of any marked paralysis of motor power, but because he became dizzy on movement. On exposure and on movement he felt chilly, and when he walked into the adjoining room, which he did without assistance at my visit, he drew up his chair closely to the fire. He had sacral and lumbar pains. There was un-

steadiness of movement of left arm, which was of choreal character or wanting in coördinating power. Pulse 50, temperature 103° , at 4 P. M. The headache had become severe, so much so as to require a hypodermic of morphia (one-third of a grain) for any relief. It was worse during his daily evening paroxysm of fever (102° and 103°), but was constant and located almost entirely on the right side of his head. Urine healthy.

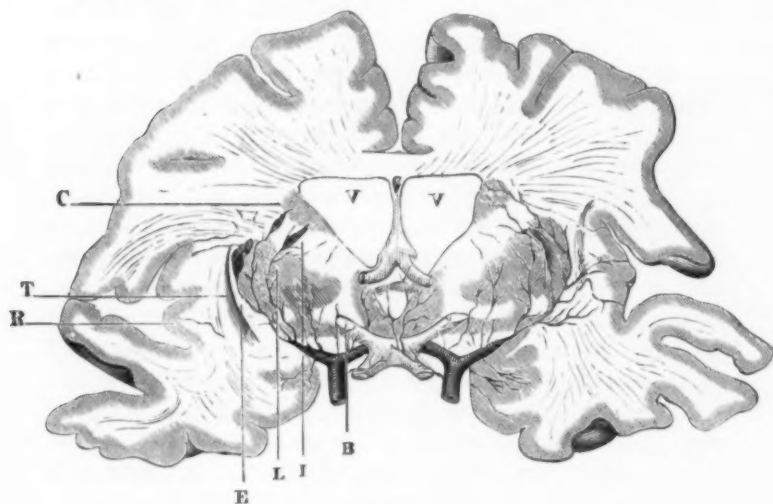
On examination of his heart, a well-marked systolic murmur was heard at the apex. His age (thirty-six years), his previous good health, his exemption from any premonitory head symptoms, the sudden supervention of the attack, the acute and startling pain in the head during a physical effort in a constrained posture, and the existence of physical signs of cardiac lesion, pointed to embolism. It was deemed proper to give him the benefit of antiperiodic doses of quinia in view of the locality and the very decided remission, if not intermission, of his fever. Abundant use of it made no impression upon either his evening exacerbation or his headache. The latter became the one constant agony of his case. Bromides were used with iodide of potash and blistering, but frequent and increasing doses of morphia, by the mouth and hypodermically, were required to procure any rest. The pulse averaged about fifty-five, and was occasionally irregular in rate and fullness. The respiration was not abnormal. The tongue became heavily coated, the bowels torpid, occasional lapses of mind were observed, imperfect sensibility of left side, with more marked incoördination of movement of left arm and leg, but with fairly preserved power of movement of that side, were among the evidences of a progressing lesion.

Finally, about the end of the fourth week, the following was the condition: Great failure of intellect; considerable tendency to stupor; profound anæsthesia of the whole left side, as tested in his sensibility to touch, to temperature, to pain (electric sensibility was not tested); indications of imperfect vision; taste he had not had for some time, he said; preservation of some power of movement of leg and arm as

he lay in bed, but with the same want of coördination still apparent in the arm; a superficial ulceration or bed sore over the left trochanter. There was gradual failure of nutrition and strength, coincident with utter loss of appetite. The most marked symptoms, preceding dissolution a few days, were a change from the usual slow pulse of 55 to 60, to a rapid one of 120 to 130, and a very large flow of urine, which usually passed without notice from him into his bed. Death took place May 13, 1876, forty-nine days from the beginning of his illness.

We were allowed a partial examination of the body, which was made in the presence of Drs. Green, Carver and Haile, about twenty-four hours after death. On removal of the calvarium and dura mater, a depressed surface of about two and a half inches diameter, of yielding, fluctuating feel, with adhesion of membranes over same area, and of somewhat congested look, was noticed on the right hemisphere, with limits of the fissure of Rolando in front, the parieto-occipital furrow behind, and the outer boundary at about the distance of the above diameter over the parietal lobe, or somewhat near the interparietal furrow. The outline was irregular, and section showed some adhesion of membranes; the gray matter somewhat softened; a pulpy mass of reddish-yellow color, bounded by a margin of punctated hemorrhages, outside of which was comparatively healthy tissue. The softening had extended so far within the white matter, and to such extent as to allow a subsidence of the tissue on to the roof of the right lateral ventricle, in such a way as to curtail its cavity and produce pressure upon the thalamus opticus and part of the corpus striatum of that side. Quite a large part of tissue had in this way been destroyed. The substance of the thalamus opticus and of the corpus striatum was firm and healthy. No softening or disease was found except at about the limits above designated. The brain tissue affected corresponded closely to the parietal lobe and its medullary matter. A careful search failed to find the embolus or its place of lodgment, though the pathological conditions found were undoubtedly such as follow the cutting

off the circulation from limited parts of brain tissue. The proof, from post mortem examination, of heart lesion, is wanting; but the physical signs were too distinct and persistent to allow of doubt as to their being a source of embolism. It is confessedly difficult in cases of rather extensive softening in the white matter of the brain, to determine satisfactorily as to the path by which the necrobiosis has appeared. There are still some differences of opinion as to the sources of vascular supply of the centrum ovale. The large hemorrhages in it are stated to be produced by the rupture of a branch which vascularizes the corpus striatum, and besides sends a branch to the white matter above and adjoining. Yet Duret gives it as his opinion also that this arterial supply is almost independent of that of the centrum ovale, or of the convolutions.



(FIGURE 1.)

- | | | |
|----------------------|---------------------|--------------------------|
| C. Nucleus Caudatus. | T. Avant-Mur. | R. Island of Reil. |
| I. Internal Capsule. | E. External Capsule | L. Nucleus Lenticularis. |

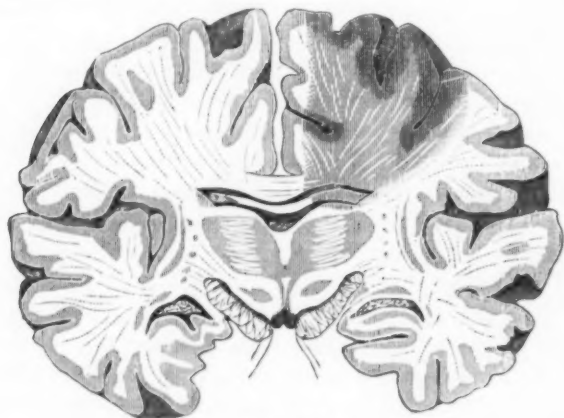
The foregoing illustration (Figure 1), copied from Duret,* shows the sources and distribution of arteries to the intra and

* *Archives de Physiologie*, 1874.

extra ventricular nuclei and internal capsule, and foot of the corona radiata. None of these parts were softened, except a part of the foot of the corona radiata; but as the softening extended much farther than the twig reaching the corona radiata from this direction, some other supply must have been involved. The area traversed by the third and fourth branches of the middle cerebral artery (Duret), probably altogether by the latter, was the one in which was located the red convolutional softening. "The fourth branch of the Sylvian artery (posterior parietal), is also the most voluminous; it follows for some time the horizontal branch of the fissure of Sylvius. Above, it nourishes the inferior parietal convolution, and does not go beyond the interparietal furrow. Below, it supplies the first temporal convolution as far as the temporal furrow. Behind and above it does not pass the parieto-occipital fissure. The third branch often supplies the first parietal convolution."* These comprise the boundaries, in the main, of the softening on the surface of our case. But as there was deep as well as surface softening, the obstruction must have involved enough of the branches to have affected their distribution further than the convolutions. Duret distinguishes two classes of arteries, which pass into the cerebral substance. "Some, very long, traverse the gray substance to be distributed in the white substance; others, smaller, are distributed in the gray substance, or upon the limits of the gray and white. The first are medullary, and the second are cortical arteries." Duret maintains that the medullary arteries are numerous enough and long enough to furnish nutriment to the greater part of the centrum ovale. Obstruction, therefore, of the medullary branches of the third and fourth branches of the Sylvian artery might account for the extent of the softening in this case, and for its apparent progress in the direction of the ventricle as the case went on. This statement, and the fact that softening of the convolutions does not usually occur with obstruction at the source of supply to the corpus striatum and internal capsule, induce us to locate the fatal obstruction in the arterial supply going by the parietal vessels.

* Loc. Cit., p. 326.

The second illustration (Figure 2), adopted from Heitzman's *Anatomic*, is a transverse section, showing the site of the softening and its relations to the right lateral ventricle, and the internal capsule and corona radiata. It is intended to show that the disintegrated tissue excited some pressure on the structures within the ventricle, that it destroyed some of the fibers forming the corona radiata, going so far as its foot, and that it did not actually involve the internal capsule, or corpus striatum or thalamus opticus.



(FIGURE 2.)

With this imperfect statement of the main points, clinical and anatomical, of this case, we may allude to their bearing on the localization of lesions and functions.

The first localizing event, aside from the unilateral one, was the spasmodic movement of the left arm and leg within a few minutes after the time of lodgment of the embolus. We may suppose, in accordance with recent experimental physiology, that there was cortical irritation at or about the convolutions bordering on the fissure of Rolando, a region vascularized by the branches of the Sylvian artery above mentioned, and one containing motor centers for the upper extremity.

The progress of the softening developed another significant localizing symptom—hemianæsthesia. Of fifteen cases of

hemianæsthesia of cerebral origin in which autopsies were made, six times the internal capsule, and seven times the foot of the corona radiata, were the seat of hemorrhages, or softening, or of compressing lesion.* In our case, we are in the presence of two hypotheses, for solution of the phenomena. First, compression; second, destruction of tissue at certain points. There was fair persistence of motor power and decided loss of sensibility. In correspondence anatomically there was a minimum of pressure on a part of the corpus striatum, and a greater amount on the thalamus opticus, with integrity of structure of both. On the other hand, the coëxistence of similar conditions, with destroying lesions of the corona radiata, as in the seven cases above alluded to, affords a more positive basis, so that Charcot and Raymond† formulate the following: "In this posterior part of the foot of the corona radiata there exists a region where are found all the fibers of general and special sensibility, destined to one-half of the body." The focus of softening in our case was far enough back to have involved at least some of these fibers, if not the most important of them. We would naturally attribute more effect to the destroying, than to the compressing lesion.

Bourneville's observations on the behavior of temperature in cerebral hemorrhage have induced him to attribute great diagnostic importance to the initial lowering and subsequent rapid rise of temperature in such cases. There was, presumably, from the general tendency to collapse in this case, in the early part of it, a low temperature. At any rate, the observation with the thermometer, five hours after the attack, showed a temperature of $102\frac{1}{2}^{\circ}$, so that the behavior of temperature can not be considered as positively determining whether the case be one of cerebral hemorrhage or cerebral embolism. It would have misled in this case.

* Veyssiere, "*Recherches sur L'Hemianesthésie de Cause Cérébrale*," p. 29. Paris, 1874.

† *Etude sur L'Hémichorée, L'Hemianesthésie*, p. 117. Paris, 1876.

TWINS—RETAINED PLACENTA—DEATH FROM
HEMORRHAGE—POST MORTEM.

BY W. B. FLETCHER, M. D.

Professor of Materia Medica and Therapeutics in the Indiana Medical College.

Mrs. M. was attended in her labor by a midwife March 12th. It was her fourth pregnancy, the third having ended in an abortion at the second week previous to the fourth. The midwife states that "Mrs. M. was not a strong woman, and she had much pain during the last three months" of gestation, which pain was referred to the left side, low down.

The children were born respectively at half past twelve and half past one o'clock at night. The placenta did not come away, neither could the midwife remove it, and a physician was called at half past two o'clock, who says he removed one placenta without difficulty, and the other he had great trouble in detaching, and that there was great loss of blood, which was stopped by natural and firm uterine contraction, when he left the house. At four o'clock, she informed her husband that she was dying. The husband went for the physician, procured a powder and directions for giving stimulants, which were administered, but the woman died in about fifteen minutes.

I saw the body fourteen hours after death. The face was natural in expression, but bloodless; the body was warm; the uterus large, reaching as high as the umbilicus. A midwife present removed about two pounds of coagula whilst I was there; she informed me that a much larger quantity had been found immediately after death.

A post mortem examination was made on the 14th. The body was plump and well developed; age about thirty years; uterus extending half way to the umbilicus. Abdominal section showed all the parts pale, not a drop of blood following the knife, and no color in the omental vessels. The uterus being removed measured eight inches in length and five and a

half inches transverse diameter, flattened a little posteriorly. It felt hard, and was in fact well contracted upon a portion of placenta, which could not be removed by the finger before making section of the organ.

Upon opening the uterus, the walls were found pale, almost white, measuring about an inch in thickness over the fundus, and being about one-fourth to half an inch thinner over the site of the placental attachments. The whole organ weighed one pound and three-quarters. The adherent portion of placenta weighed two and a half ounces, and measured two by three inches; it was imbedded in a small layer of coagula, of dark color. The placental fragment was detached with much difficulty, and did not come off smoothly. Upon microscopic examination, there is not apparent the fatty degeneration which we ordinarily see, and the part upon which it was attached is of firmer consistence than other parts.

The ovaries contained in each a corpus luteum of gestation, the right and left measuring the same; also upon the right was an older corpus luteum, which had lost all yellow color, and was filled with white granular matter, which probably agrees with the pregnancy that occurred one month before the twin conception.

There is a point of interest in this case, which was discussed lately in a malpractice suit, namely, the thickness of the uterine walls over the placental attachment; here it was thinner. It is now undisputed that we can not find a fetus in utero without a corpus luteum in the ovary. As to twins, Wm. Hunter says: "I have had opportunities of examining the ovaria with care in several cases of twins, and always found two distinct corpora lutea. In some of these cases there were two distinct corpora lutea in one ovarium; in others, a distinct corpora luteum in each ovarium."

I believe Montgomery reports a case of twin pregnancy where but one corpus luteum was found, although much larger than usual.

SUBLUXATION OF THE KNEE-JOINT.

BY S. V. WRIGHT, M. D.

I was requested by a neighboring physician to see a case which had been diagnosed as a sprained knee. The subject was a stout young man who, twenty-four hours previously, had tripped and fallen. There was immediately severe pain from the injury, and the leg was slightly flexed. When I first saw him the limb was hot, swollen, very painful, and flexed as at first. My diagnosis of the difficulty was subluxation, which is so well described by Erichsen.

Previous to my arrival, Dr. — had attempted to reduce the supposed dislocation, but not succeeding came to the conclusion that it was only a sprain, and was just sending the patient away with a liniment. I examined the limb, seated the patient on a chair, flexed the leg on the thigh, rotating and extending as directed by Erichsen. The effort failed; I tried again, using my left hand for a fulcrum in the popliteal space while flexing, but with the same result as before. The patient stated that there was constant pain unless he sat with the leg laid across the opposite thigh, referring the pain to the external condyle. Acting under the impression that the cartilage of the external condyle had slipped, instead of the internal, I carried the leg across the opposite knee, using my left hand as a fulcrum as before; and then on making adduction strongly and firmly, I felt the bone slip and the limb assumed its natural position, the patient exclaiming, "that's all right." A rubber band was put around the knee, and the patient, who before used crutches with pain, walked away comfortably. In conclusion, I would call attention to the possibility of mistaking this difficulty for a sprain and synovitis, with partial or complete ankylosis resulting from non-reduction.

GREENSBURG, IND.

Reviews.

Legislation and Contagious Diseases. By J. MARION SIMS, M. D.

This pamphlet, which is part of the inaugural address delivered by Dr. Sims, as president, before the American Medical Association at its last meeting in Philadelphia, treats of a momentous subject. It points out a method by which a disease as formidable as any in the list of human maladies, may, in the opinion of the author, be effectually stamped out. This is syphilis; of which he says, so far as the welfare of the human race is concerned, he looks upon it as the great question of the day. Not its treatment, but its prevention, its eradication; in which light it concerns the sanitarian and the legislator equally with the physician.

As to the extent of the evil, he quotes Sir Thomas Watson, Sir William Jenner, Sir Prescott Hewitt, and Sir James Paget, to the effect that it counts its victims by hundreds and thousands, among the virtuous as well as the dissolute; that it is one of the most fatal and terrible of existing diseases; that it would be difficult to exaggerate the damage done by syphilis to the population. And as to the facility with which it is communicated, he shows that it may be given in a kiss; that a midwife, with a chancre on her finger, may inoculate patient after patient; that medical men with a scratch on their fingers may take it from diseased patients; and that nurses may contract it from infected children. "I have known a drunken, vagabond husband," says Dr. Sims, "to contract syphilis in a low brothel, and communicate it to his wife, who unwittingly gave it to her four children simply by using the same towels and wash-bowl."

Of outdoor patients treated at Guy's Hospital, forty-three per cent. are venereal; and in the hospital in London for diseases of the skin, ten per cent. are of the same character; while in others the average of such cases is from ten to twenty per cent. Among the poor in London applying for relief at the hospitals, there are more than a hundred thousand affected with some form of venereal disease. It appears to be as bad in New York, Chicago, and other large cities of America; and in San Francisco the Chinese have made it worse.

For this tremendous evil, we want, says Dr. Sims, not legislation looking to licensing prostitution. The religious feelings of the country revolt at that. But we want a system of sanitary inspection and control that will enable us to prevent the importation of syphilis from abroad; and that will enable us to take charge of the subjects of syphilis at home, and prevent them from spreading the disease. We give Dr. Sims's plan in his own words:

"Now what I propose, in regard to syphilis, is simply to give to the already existing boards of health, in the various cities, the same power over syphilis that they now possess over cholera, small-pox, and yellow fever. They now have the power of ferreting out small-pox, and of sending it to hospitals for treatment; and they should have the same power of searching out the abode of syphilis, and of sending its victims to hospitals for treatment.

"On all steamers or sailing vessels, whether foreign or coastwise, entering port, the surgeon of the vessel should be required to make affidavit that he had examined personally every seaman, and every male steerage passenger, on the day preceding their arrival in port, and that there was no case of cholera, small-pox, yellow fever, syphilis, scarlatina, or other infectious disease aboard. If there should be syphilis, then the subjects of it should be taken in charge by the board of health, and sent to hospital for treatment, to be retained there till cured, or to be returned to the vessel from which they were taken, whenever said vessel should be ready to sail from port again. If said vessel had no surgeon aboard, then it should devolve upon the quarantine officer to examine every sailor and every steerage passenger, before landing, and to send any and every case of syphilis to hospital for treatment. On all vessels, foreign and

coastwise, the quarantine officer should possess the same power of personal inspection and detention. For stamping out the disease in towns and cities, their boards of health must have plenary powers of an absolute character over syphilis; not more so, however, than they now possess over small-pox."

In a word, he would place syphilis in the category of other contagious diseases, and subject it to the same laws and regulations that relate to their management. We confess that the scheme strikes us favorably. It appears to us altogether feasible. Why should not this loathsome disease be as much under legislative control as small-pox or yellow fever? In the extent of its ravages, as well as in their character, it is more to be dreaded than either, and up to this time no quarantine has been found effectual in averting it. We hope the plan of putting it under the supervision of boards of health will be tried.

Dr. Sims has presented a very distasteful subject in a neat and pleasing dress. His style is admirable for its simplicity and directness.

L. P. Y.

Transactions of the New York Pathological Society. Vol. I. By JOHN C. PETERS, M. D., Editor. New York: Wm. Wood & Co., 1876.

This, the first volume of a series to be issued by the society, is based on the proceedings for the year 1875, and largely supplemented from the records of 1844 to 1872. The society, which has now become "a great historic association," was organized in June, 1844, and the meetings which were held in the offices of the different physicians at that time, were "cosy, chatty little gatherings." They did not incumber themselves with constitution, by-laws, etc., but were eager and assiduous in their work. A "culling committee" was appointed, whose duty it was to report the latest advances recorded in the French, German and English books and journals. Specimens were

presented and discussed, a paper read each evening by some member, and the whole time was devoted to purely practical and scientific matters, except about fifteen or twenty minutes at ten o'clock, which time was devoted to relaxation—crackers, cheese and ale, the refreshments being necessary, they thought, to carry them through their labors, which usually lasted till midnight.

The reader will find, in the first fifty pages, further interesting accounts connected with the organization and growth of the society..

The pathological specimens are presented in the following order: Diseases of the nervous system; of the organs of respiration; of the organs of circulation; of the organs of digestion; of the genito-urinary organs; of the osseous system; of special senses; of the glands; of the skin; and, finally, miscellaneous specimens. Following each division are notes by the editor, citing the experience and opinions of different writers on the class of maladies just considered. There is a tabular statement of eighty-four cases of aneurisms of the aorta, giving the situation, duration, mode of death, secondary complications, and the name of the reporting physician. Of these eighty-four cases, seventy-four were males, and only seven were under twenty-five years of age. There is also a tabular statement of fifty-five cases of cancer of the stomach, presented to the society from 1844 to 1870, in which are given the symptoms, situation, secondary tumors, and the name of the reporter. Beside these cases, there are more than two hundred reported more in detail, in their separate divisions.

We can readily see how this book may prove an aid to a correct diagnosis in many obscure cases of brain, thoracic and abdominal troubles, by a comparison of the symptoms of one's patient with some of the cases here reported, in which the autopsy has revealed the unknown quantity and the relation of the clinical history to the pathological condition. The book is supplied with a copious index, enabling the reader to refer quickly to any particular subject.

A. M.

The Microscopist—A Manual of Microscopy and Compendium of the Microscopic Sciences, etc. By J. H. WYTHE, A. M., M. D., Professor of Microscopy and Biology, in the Medical College of the Pacific, San Francisco. Third Edition. Lindsay & Blakiston, Philadelphia.

Owing to the increased use of the microscope among students and professional men, there has been an increased demand for good works upon the manipulation of the instrument, that it may contribute its utmost to the vast fields of hidden knowledge. Put a well educated man and a first-class microscope together, without an instructor or a manual, and it would take months or years ere the instrument would become a friendly aid and perpetual contributor to knowledge. But a good manual soon unlocks the door, and that which has taken years of study and research is quickly mastered.

There are a large number of manuals relating to the microscope, in German, French and English; most of ours are English, or English reprints. The work before us is a thoroughly Americanized compilation of all that pertains to the mechanical arrangement of the microscope, while there is a great deal of original application brought before the investigator in an open, manly way. This will commend the work to the general microscopic observer.

The range of this manual is wide, treating of the History; the Instrument; Microscopic Accessories; Use; Methods of Examining; How to Preserve Objects; Use in Mineralogy, Geology, Chemistry, Biology, Botany, Zoology, Animal History; and finally, the Microscope in Practical Medicine.

As a large number of students who desire to use the microscope are not medical students or physicians, we think some of the smaller manuals would answer their purpose; but for the physician in particular Prof. Wythe has presented us a valuable book. Joseph G. Richardson, of Philadelphia, has given us his "Hand-book of Medical Microscopy," which, with Prof. Wythe's Manual, makes a creditable showing of original work in this department by American physicians. May we not hope for more extensive treatises upon the use of the microscope, particularly the micro-spectroscope as a means of diagnosis, from the same source.

Particular mention should be made of the perfect execution of the work by printer, publisher and engraver. The two hundred and five illustrations are well adapted for instruction, while a large number of them are beautiful and artistic.

F.

Transactions of the Illinois State Medical Society for 1876.

This neat and tasteful volume was issued by Kissel & Co., Chicago, the meeting of the society having been held at Urbana. It is an addition to our periodical literature in every way to be commended. The paper, the binding, the typography, are all good; and though we have not had leisure to read carefully the several papers that compose it, we are satisfied from a hasty examination that they too are good. Reports are given on practical medicine, on the diseases of children, on medical jurisprudence, on electro-therapeutics, on otology, on surgery, on morbus coxarius, on malaria, on menstruation (a long one), on placenta prævia, on an endocervical suppository; and to most of the reports is appended the discussion that followed, showing a lively interest on the part of the members.

Following these reports is the president's spirited address. Dr. Washburn raises a loud voice in favor of reform in the profession. He is strong against "short cuts" in study, against the "din of gongs and rams' horns" to attract students, and all those devices of the day that swell classes but degrade the profession. "If we can not raise the *grade*," he says, "we can advance the figures on the *time-table*." That would, indeed, be an advance in medical education.

After Dr. Washburn's address is an elaborate report on physiology, followed by shorter reports on scurvy, puerperal peritonitis, and ophthalmology, and concluding all are "some facts for the people" on the importance of organizing a board of health for Illinois.

Illinois has cause to admire her State Medical Society, in which are included names that do honor to American medicine. We are glad to see that of N. S. Davis among its officers—a man of heart as well as brains—who, since he began to agitate for reform in the profession thirty years ago, and got our National Association on foot, has been resolutely striving all the time after a higher professional standard.

L. P. Y.

Memoire sur la Nature et le Traitement des Convulsions des Femmes Enceintes et en Couches. Par le DOCTEUR N. CHARLES. Bruxelles, 1876

Few subjects in medicine have been so fruitful in literature, dogmatic, historical and controversial, as puerperal convulsions. A medical journal that does not give its readers once or oftener every year, these convulsions, is hardly up to the regulation standard, and the published transactions of medical societies that do not contain learned dissertations upon this prolific theme are inexcusably dull. Not less the nature than the therapeutics of the disorder has been the subject of most contradictory opinions. In regard to the latter, the *laudator temporis acti*, clinging devotedly to the faith of his youth, makes venesection the wholesale remedy; while his younger rival is guiltless of his patient's blood, and would almost as soon think of dividing her jugulars as sheathing the glittering blade of his lancet, if he happen to have one, in her median-cephalic, and relies mainly upon anæsthetics or hypodermic morphia: a third finds no exclusive treatment best, but treats the patient rather than the disease.

This monograph by Dr. Charles is one of the most interesting contributions to the literature of puerperal convulsions we have ever read. We can only give the conclusions of Dr. Charles as to the nature of eclampsia, and his *resumé* of the treatment. The first are as follows:

The eclamptic convulsions of pregnant and of puerperal women, like those of infancy, have different causes, and like them owe their frequency and special characteristics to the

Clinic of the Month.

TREATMENT OF RUPTURE OF THE LIGAMENTUM PATELLÆ.—John Chiene, Assistant Surgeon Edinburgh Royal Infirmary, (Edinburgh Medical Journal, February,) reports the following treatment in a recent case occurring in his practice:

J. F., aged forty-four, was admitted to the Surgical Clinical Wards, on the 8th of September, 1876. He limped into hospital, complaining that something had given way in his right knee. He stated that shortly before his admission, in going down a ladder his right foot caught on the last step, and that he fell forward, his right leg bending under him. On examining the joint, the nature of the accident was at once evident. The patella lay on the anterior surface of the femur above the condyles; there was a distinct gap between the patella and the tubercle of the tibia. The ligamentum patellæ could not be felt. The patient could not extend his leg.

Treatment.—An oblong piece of strong extension plaster, large enough to cover the anterior and lateral aspects of the thigh, was heated, and fixed in position by means of a roller

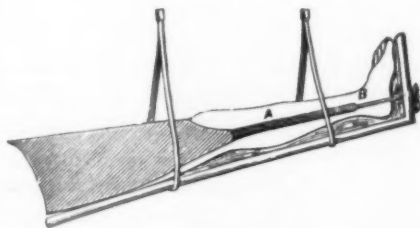


Diagram of Limb laid on the posterior splint in inclined position, illustrating the shape of the sticking-plaster attached to the thigh; the position of the india-rubber tubing (marked A B); and the mode of fixing the tubing to the foot-piece. The roller bandage fixing limb to splint is omitted.

bandage. It was shaped so as to embrace the patella, and to its distal corners, on either side of the knee-joint, two pieces of strong india-rubber tubing, eight inches in length, were attached by tapes. The limb was then laid on a posterior splint with foot-piece, and slung in the inclined position to a wire-cradle. The india-rubber tubing was fastened by means of tapes to the foot-piece, and tightened sufficiently to bring the patella to its normal position. The elasticity of the india-rubber relieved the feeling of rigidity, and its contractility counteracted any loosening of the apparatus due to stretching of the tapes or slipping of the plaster.

The patient was in bed eight weeks. The plaster required renewal once. He never had any uneasiness from the apparatus, and was discharged on the 4th of November with firm union. Measurement from the upper border of the patella to the tubercle of the tibia was four inches on both limbs. On the 3d of January, 1877, the patient was shown at the Medico-Chirurgical Society, with complete restoration of flexion and extension at the knee-joint. The measurement from the upper border of the patella to the tubercle of the tibia was now four and a half inches, slight stretching of the newly-formed material having taken place since 4th of November.

I have also used this simple method in a case of fracture of the patella with an equally satisfactory result, simply drawing the upper fragment down to the lower, and applying nothing to fix or push up the lower fragment.

NECROSED NASAL BONE SWALLOWED AND LODGED IN THE CÆSOPHAGUS.—Dr. Max Langenbeck reports this curious case in the *Memorabilien*, Vol. XXII, No. 1: A married woman, forty years old, who for four years had suffered from syphilitic caries of the nasal bones, one morning on waking was unable to swallow. She came to me, and my attempts to probe the cæso-phagus with a sound were fruitless. Although the patient protested she had swallowed nothing, the sound was thrust against a hard body, stuck fast half way between the pharynx and stomach; and for the space of three days scarcely a drop

of fluid had been able to enter the stomach. The endeavors of my colleagues, by the aid of divers instruments, to remove the foreign body, were likewise of no avail. After this for twenty days the woman received nourishment only by the rectum; however, as by this insufficient nourishment she must succumb in a short time, I resorted to the following treatment: After I had propped up in bed the completely exhausted patient, I introduced into the gullet a long whalebone sound, not thicker than a knitting-needle. One end was sharp, and the other terminated in a conical knob. After a half hour's manipulation the little knob of the probe, with a slight pressure, dropped through the constriction. The lateral and upward movement of the sound finally occasioned a perceptible movement of the foreign body, and after a lapse of about an hour it was suddenly thrown out by vomiting. The body was found to be the hard bones of the nose adherent to each other, namely, both inferior turbinated bones, the vomer and the left side of the os nasi proper, which had been swallowed by the patient while asleep. The patient recovered quickly, and at present (six weeks later) is quite corpulent. Through the retching there was an enlargement of the œsophagus, and thereby easier expulsion of the foreign body occurred by the *vis a tergo*.

RADICAL CURE OF STRANGULATED INGUINAL HERNIA.—Dr. Isaac Smith, Jr., Fall River, Mass., (Archives of Clinical Surgery,) reports the following case:

A few weeks since, I was consulted by a surgeon in regard to a retained ligature. The case, resulting so well, I think should be recorded. Six months ago a man in middle life had his hernia, which was an old one, strangulated; a number of unprofessional persons attempted its reduction unsuccessfully; finally, surgeons were called. They thought there was little chance of life, but concluded to operate, which they did in the following manner: The sac was freely opened, and the intestine returned to the abdomen; the sac being gangrenous, they dissected it out without injury to the testis or its

appendages, and applied a heavy silk ligature, improvised for the occasion, of several strands of ordinary suture silk, close to the abdominal ring, and cut away all exterior to the ligature. The patient made a good recovery without the slightest untoward symptoms, and, for the past five months, has done his usual work, laboring, and constantly lifting heavy articles. The ligature had not, at the time my opinion was sought, been removed, and caused some irritation to the skin around it. He has not worn any artificial support since the operation. My advice was to cut down upon and remove the ligature.

SALICYLIC ACID IN RHEUMATISM.—Dr. John W. Moore, Physician to the Meath Hospital and County Dublin Infirmary, (Dublin Journal of Medical Science, January, 1877) gives the following conclusions from his experience with salicylic acid in rheumatism:

First. Salicylic acid appears to be a valuable and almost specific remedy in the treatment of acute rheumatism.

Second. After the administration of a few moderate doses, of five grains each, given at hourly intervals, a marked amelioration of the symptoms usually occurs. Thus, the temperature and pulse begin to fall, the swelling and pain of the affected joints subside, and the patient sleeps.

Third. The above doses, *i. e.*, of five grains each, are quite sufficient to produce an impression on the disease, while the patients make but little complaint either of the frequency of the dose or of the taste of the medicine.

Fourth. When pushed far, it sometimes causes singing in the ears and diaphoresis. Under these circumstances its administration should be temporarily suspended.

Fifth. To prevent relapse, it should be given for some days, but at gradually lengthening intervals.

Sixth. Finally, as to its probable action as a preventive of the dangerous cardiac lesions of acute rheumatism, I can only endorse the words of Dr. Coates, of Belfast, in a recent paper: "I think it can hardly be denied that medicines which cut short the disease, as I believe there can be no doubt it does, must render the liability to these complications less."

UTERINE EBB AS A FACTOR IN PELVIC SURGERY.—The Edinburgh Medical Journal, January, publishes a paper by Dr. H. R. Storer on the Importance of the Uterine Ebb as a Factor in Pelvic Surgery, which was read before the American Gynecological Society. This contribution of Dr. Storer is of course marked by the author's well known ability, vigor of style and positiveness of statement. His conclusion is, "that for all pelvic operations, all other things being equal, it is better to select the week immediately following the cessation of the catamenia, or as nearly as can be ascertained, corresponding with what would have been this time had they appeared."

We thought when we heard this paper read, and we think still, after carefully reading it as published, Dr. Storer has allowed a figure to impose upon him; full of the analogy of the flow and ebb of the tide, he makes the uterine ebb synonymous with the cessation of the menstrual flow. But it is not, since for days after such cessation, the uterus remains larger, lower, softer, more congested than farther on in the interval, and we believe that the week after menstruation is not the time which should be chosen for pelvic surgery. Midway between menstrual periods is the perfect uterine ebb, the time of most complete calm of the sexual organs, of which Bernutz has spoken, and which is the most favorable for important operations.

SAWDUST PAD FOR NECROSIS.—Surgeon-Major J. H. Porter, of the Royal Victoria Hospital, (Dublin Journal of Medical Science,) gives the following:

This is a pad, composed of sawdust derived from one of the pine species, which Surgeon-Major Porter has lately been using as a dressing in cases where there is a copious discharge of offensive pus, such as necrosis and psoas abscess. It acts also as a pad for supporting a stump. He has found it agreeable to the patient—clean, soft, a good absorbent, and a powerful deodorizer, from the large amount of terebene it contains. It is very inexpensive. It is applied in carbolized gauze bags (other gauze will answer), any pieces of hard wood or splinters

which may possibly have found their way in during the process of sawing having been first removed. A portion of oiled lint, with several holes in it, if considered necessary, may be applied between the pad and the surface with which it is brought in contact. The idea of using it first struck Surgeon-Major Porter from seeing the absorbing power of sawdust when used at operations, and from observing how fruit—especially grapes—may be preserved when packed in it. Sawdust derived from hard wood will not answer, as it does not absorb freely. Memel pine contains most terebene, and is therefore decidedly the best. This dressing will also answer for extemporized pads for fractures, and is likely to prove a valuable addition to the *armamentarium* of the practical surgeon. Surgeon-Major Porter's suggestion is also interesting when considered in connection with Dr. Lewis Mason's dressing of carbolized bran, described in the "Periscope."

ANTHRAX OF THE UPPER LIP—DEATH.—In the *Archives Générales*, March, we find the history of a fatal case of anthrax of the upper lip occurring in the service of Duplay at Hôpital Saint-Louis. Death took place upon the eighth day. "This case once more shows the exceptional gravity of anthrax of the lip. As in several analogous cases, death appears to have resulted from the extension of the inflammation to the facial vein, to the ophthalmic vein, and to the sinuses of the dura mater. The intense congestion of the brain and lungs appears to have been the ultimate lesion. It is worthy of remark that the wood-like hardness of the lip—observed in this case—is among the local signs which ought to induce a grave prognosis."

VALERIANATE OF CAFFEINE FOR HOOPING COUGH.—M. Pares, *Gazette Obstétricale*, March 5th, advises teaspoonful doses of the syrup of the valerianate of caffeine as producing great benefit in cases of hooping cough. The valerianate is also very useful in nervous vomiting. It may be given in pills, each containing ten centigrammes of the salt mixed with a sufficient quantity of honey.

EPITHELIOMA OF THE NECK OF THE UTERUS CURED BY THE INTERSTITIAL INJECTION OF CHLORIDE OF ZINC.—Ambroise Guichard (*Annales de Gynécologie*, February,) reports a case of epithelioma of the neck of the uterus cured by the interstitial injections of a solution of chloride of zinc. In his preliminary remarks Guichard observes that when epithelioma is distinctly limited to the vaginal cervix, we may hope either by amputation or cauterization to destroy the growth, and sometimes there is no return. Like Aran, however, and others, he has seen the cervix amputated, and the disease soon reappear; in one instance the return was only a month after the amputation. Very often too, after either amputation or cauterization, the disease is more rapid in its progress. It must be admitted, therefore, that in such cases the diseased structures have not been completely removed. The best operative procedure would be that which would enable us to reach all the diseased tissues. Caustics have generally been applied superficially, either when the actual cautery or the paste of Canquoin; they have also been used in the substance of the diseased mass: the first method is merely palliative.

Kiwisch first proposed breaking up the cancerous tissue, and injecting the *magma* with a solution of perchloride of iron. Gallard published, in 1870, the results of injections made by him. In a first series of cases he sought merely to diminish the hemorrhages and relieve the atrocious pains of cancer, practicing interstitial injections of the perchloride of iron, atropia, laudanum and morphia. In a second series, he tried to modify the vitality of the cancerous tumor, and even cause its destruction. The remedies used were perchloride of iron and acetic acid. The former lessened the hemorrhages and caused the tumor to shrivel; but the acetic acid very slightly modified its vitality, and the injection was followed by a fatal peritonitis.

It certainly will be a great advance if the favorable issue in Dr. Guichard's case shall be repeated in the experience of other observers.

THE MILK OF SYPHILITIC NURSES INNOCUOUS.—Dr. Ernest Gallois,* as the result of his investigations, presents these conclusions: First, the milk of a syphilitic nurse may be taken into the stomach without fear of infection. Second, the evils of nursing from a syphilitic subject may be explained not only by an alteration of the milk and the debility of the nurse, but also especially, perhaps, by a diminution of the red globules of the infant's blood under the influence of an indirect mercurial treatment. Third, the milk is not in any case the carrier of the virus, since inoculated upon a wound it never produces syphilis. Fourth, hygienically considered, the nourishment of an infant by a syphilitic wet-nurse, is preferable to artificial nourishment. Fifth, in legal medicine, if an infant has symptoms of syphilis, the fact that the nurse is syphilitic does not justify the complaint of the parents.

NITRATE OF SILVER IN PRURITUS OF THE VULVA.—Dr. Charles, *Annales de Gynécologie*, speaks most highly of the application of the solid nitrate of silver in the treatment of vulval pruritus. The seat of the itching is oftenest near the clitoris, or in the nymphæ, sometimes at the margin of the anus. It is necessary to cauterize freely, passing the crayon two or three times over the affected surfaces, and even somewhat beyond them. Dr. Charles states that he has found, without a single exception, great relief from the first cauterization, often a complete cure. Sometimes it is necessary to recur to the cauterization a second or third time after some days.

* *Recherches sur la Innocuité du Lait provenant de Nourrices Syphilitiques*, Paris, 1877.

Notes and Queries.

TWO CASES OF DYSTOCIA FROM UNUSUAL CAUSES.—We are indebted to Dr. Cannon, of Boscobel, Wisconsin, for the first of these cases. The patient was a Norwegian, the mother of seven children. She was forty years of age, and at the full term of pregnancy. She was in active labor for nearly twenty-four hours with very little progress, owing to the resistance from spasmodic contraction of the inferior segment of the womb. Even after the head escaped from the os uteri, the resistance was renewed, for the time again arresting the progress of the labor; and when at last delivery was accomplished, the child was in a state of asphyxia, from which it was with great difficulty rescued.

Of course there are two ways of overcoming this obstacle. In the one the expelling force is increased, as by ergot, and thus the resistance is vanquished. The other is to diminish or remove the resistance by opiate injections into the rectum, or by the use of an anæsthetic.

Dr. S. C. Yager, of Henry county, Ky., contributes the following case, which certainly was an extraordinary one:

“Mrs. Y., a healthy woman, about twenty-four years of age, the mother of three children, had an abortion on the 18th of last April, made a good recovery, and enjoyed good health until August, when she suffered with the indisposition usual in the early part of pregnancy. Since then she got on very well until the night of February 22, 1877, when she was taken with slight pains, which continued all the following day. I was called to see her about seven o'clock in the evening, and found her in pretty hard labor; os dilated, large sac of water

filling the vagina. I thrust my finger through the membranes, which were very tough, and an enormous quantity of water escaped. The head of the fetus could be felt in the first position, still above the superior strait. Its descent was remarkably slow, considering the complete dilatation of the os and the small size that we might expect the fetus to be at that stage of gestation. The pains were slow, but hard, and by pressing the sides of her abdomen the fetus gradually descended and was expelled. After the head escaped from the vulva, the pains seemed to have no more effect in expelling the child. It is true every pain pressed it forward, but when the contraction ceased, it would recede to the same position. After waiting some two or three pains, and finding that nothing was gained, I made traction with considerable force and succeeded in delivering the body, but could get it far enough to clear the inferior extremities only by using my finger as a hook, and then the child's abdomen remained in close contact with the vulva, for perhaps twenty minutes. Here was a fix! The uterus continued to contract vigorously, and still the child's whole abdomen seemed drawn into the vagina, to what extent I could not determine. After making all the efforts that I was willing to make, there was thrown off a mass that really alarmed me. I believed that the uterus, with all its appendages, had been expelled. Finding that the immense mass was connected to the abdomen of the child, I separated the placenta from the tumor-like mass next the child, which proved to be the entire abdominal and thoracic viscera. The investing incumbrance appeared to be nothing more than the tunic of the funis, continuous with the common integument of the body. The abdominal parietes were entirely wanting. The thoracic viscera were covered with the diaphragm. The child was alive and gasped, at intervals, for two or three minutes. I do not remember ever to have seen an account of such a case. The next morning I sent for Dr. Morris, of Sulphur, who, with my son, Chancellor Yager, (a medical student), examined the case with me."

Exomphalos, a condition quite analogous to that of the fetus in this case, is among the causes of dystocia, but, as Stoltz has observed, this hernia is rarely so large as to prevent for any length of time the passage of the body; sometimes, however, especially when the liver is contained in the sac, the obstacle is more serious.

THE DISEASES OF GREAT MEN.—Some of the most illustrious men and women have been the victims of maladies of the nervous system. In almost every treatise on epilepsy, Cæsar, Mahomet, Petrarch, Napoleon and Byron, are mentioned as being subject to this disease. It has been supposed by some that "the thorn in the flesh" of Apostle Paul was his liability to epileptic attacks. Henry IV of England, after some time of ill health, became subject to dreadful fits, which would cause him to fall down apparently dead. These were undoubtedly epileptic in character. On the 20th of March, 1413, while he was at church, he was seized with a fit and soon expired, being at the time forty-seven years old. Charles II of England, in the midst of a life of vicious indulgence, was attacked by apoplexy, and died, after a few days' illness, on the 6th of February, 1685, in the fifty-fifth year of his life. Leonard Euler, while playing with one of his grand-children, at the tea-table, was seized with an apoplectic fit, and died in a few hours, at the age of seventy-six. Among the apoplectics we have such notable characters as Dickens, Thackeray, and Napoleon I. Sir Charles Bell died on June 12, 1842, of angina pectoris. He awakened with a frightful spasm of angina, asked to be supported, and immediately expired.

History furnishes abundant evidence of the frequency of affections of the mind among the magnates. Bishop Warburton, John George Zimmerman, Dr. Johnson, James V of Scotland, King Henry of England, Queen Elizabeth, Frederick II of Prussia, were all the victims of melancholia; Queen Francisca of Portugal, George III of England, Tasso, Pascal, William Collier, Cowper, Charles XII and Dr. Johnson, were

subject to attacks of insanity; Victor Amadeus I, of Sardinia, was a victim of kleptomania. Of the three disputed discoverers of modern anæsthesia, Wells died of insanity, Morton from a stroke of apoplexy, while Jackson is hopelessly insane. Dr. Adam Clarke died of cholera; Oliver Cromwell, of ague; Robert Duke, of starvation; Sir Humphrey Davy, as a result of injuries to an elbow; Alexander the Great, of malarial fever; Augustus II, of gangrene of an old wound; Camillus, of the plague; Chaucer, of old age; Queen Mary, of small-pox; John Racine, of abscess of the liver; Dr. Wm. Hunter was subject to gout, but during one of these attacks he was paralyzed and shortly died; Napoleon III died of embolism; Prince William, of England, and Shelley were both drowned; Thomas Chatterton and the wife of Shelley committed suicide; Lord Byron fell a victim of remittent fever; John Keats, Edward VI and Lænnec, were destroyed by phthisis pulmonalis. Professor Dunglison perished from disease of the heart; John Locke was a sufferer with asthma; Burns shortened his days by his excesses; Southey was demented; Jeremy Taylor died of some fever; John Bunyan died in 1688, in London, it is said, in consequence of a cold caught in a journey undertaken by him in inclement weather, with the object of reconciling a father and a son. Thomas Otway, perhaps, choked. "His death has been frequently cited as a striking instance of the miseries of a literary career. It is related that, when almost starving, the poet received a guinea from a friend, on which he rushed off to a baker shop, bought a roll, and was choked while ravenously swallowing the first mouthful." Louisa, daughter of George II, when Queen of Denmark, died of an operation for hernia, at the early age of twenty-six. Queen Caroline, her mother, also died of hernia, after an operation by the celebrated Ranby; and Caroline of Brunswick, wife of George IV, fell a victim to strangulated umbilical hernia. In regard to Washington, the weight of authority is in favor of the view that the cause of his death was œdema of the glottis rather than croup, as is so often stated. (Medical and Surgical Reporter.)

A PHYSICIAN BEFORE A SPECIALIST.—In the recent admirable address before the London Obstetrical Society, by Dr. Charles West, the following passage occurs, the reading of which may restrain the ardor of some ambitious youth who rushes from college lectures, the ink scarce dry upon his diploma, to establish himself as a specialist.

"We are physicians first—then specialists; and in any case it should be only when the general knowledge of medicine, acquired in the hospital or at the bedside of other patients, fails to solve the question of the nature or the treatment of an illness that we call in our special knowledge, and inquire whether in the local condition of the womb there is that which would explain the symptoms, and whether by local medication we can expect to bring about their cure. And it is just because we are in danger of exaggerating the importance of that special knowledge, the value of that special skill, which other members of our profession either do not possess, or possess in a much smaller degree than we do, that I am so anxious, both for the growth of our own moral and mental stature, as well as for the progress of our art, that we should not give ourselves up to mere detail, however interesting or important, as to lose sight of the broad principles of medicine and surgery. This risk with some of us is very great. I have often felt that I would give almost anything for a six months' clinical clerkship and dressership in one of our general hospitals; or for the same time to spend in looking after what is called general practice—which, if rightly used, is the most improving of all schools, since in it there is an increasing demand, not for one kind of knowledge, but for all."

A VEXATIOUS MISTAKE.—In the quotation made from McClintock, *American Practitioner*, March, 1877, in the paragraph entitled *An Undesigned Coincidence*, an error occurs in the substitution of placenta for funis—instead of "when the insertion of the placenta is marginal instead of central," it should be "when the insertion of the funis is marginal instead of central," etc.

MEDICAL LITERATURE OF KENTUCKY.—Dr. L. P. Yandell has been engaged for several years past in collecting materials for a history of the Medical Literature of Kentucky, which he proposes to publish by subscription in the course of the next few months. Besides notices of what has been written by the medical men of Kentucky, the volume will include, in the form of an appendix, his address on "American Medical Literature," before the late International Medical Congress, at Philadelphia. It will be comprised in about six hundred octavo pages, and will present a chronological view of what has been contributed to medicine by Americans since the settlement of the New World. Biographical sketches of the more noted Kentucky physicians not living will be appended to the notices of their writings, and the work will also embrace a history of the medical institutions of the state, and of the various epidemics by which it has been visited.

Dr. Yandell is at this time one of the oldest physicians in Kentucky actively devoted to his profession. More than half a century ago he entered one of its schools as a student of medicine, and was connected with it as a teacher during the years of its greatest prosperity. He took part in founding the University of Louisville, and while a teacher in Lexington and Louisville was associated with Dudley, Drake, Caldwell, Cooke, Short, Bartlett, and the other medical writers and teachers who have rendered the profession of Kentucky illustrious. He is able, therefore, to write of these distinguished men from his own personal recollections. For more than twenty years he was editor of a medical journal, and must be well acquainted with the medical literature of the state. No one can question Dr. Yandell's fitness for this important work. His learning is not less admirable than his wisdom; his wisdom not less notable than his justness; while that kindness of heart and that catholicity of spirit which so ennoble his character, must be manifest in this the crowning labor of a long, useful and honored life. The subscribers to this history should be counted not by hundreds but by thousands—should include not merely the physicians of one state, but many from all the states.

ON THE ADOPTION OF THE METRIC SYSTEM.—Dr. Charles Carter, Ph. G., (Medical and Surgical Reporter, March 24th,) contributes this excellent article:

The objections to the general adoption of the metric system, in prescriptions, are: First, the difficulty in converting the old system of weights and measures into it. To express the value of the system in which we have learned the proper doses of medicines, and how to apportion them in prescribing, into the kilogramme, hectogramme, decagramme, gramme, decigramme, centigramme, or milligramme, would consume too much time, even with the aid of a table. Second, the possibility of omitting the proper decimal points or ciphers in the prescription, or of their becoming rubbed out, if written with pencil; also the possibility of the gramme being mistaken for grain, if abbreviated to gr. or grm.

To overcome these objections, I would propose the use in prescriptions of the gramme only, with its multiples and fractions, excluding the employment of all decimal points and ciphers. The value of the gramme, being about fifteen and a half grains, is easily remembered, and can be readily adapted, without any confusion, to present weights and measures, even to the ordinary domestic measures of tea and tablespoon.

In medical literature we occasionally see the fraction of a gramme mentioned. I can see no objection to its division, and it would help us to have it generally understood that, in using such division or fraction of a gramme, sixteen grains be taken as the standard. The practical difference between this and the actual standard is very slight. Then let it also be understood that, in the multiples of the gramme, fifteen grains will be taken as the practical standard. We see, then, that one-sixteenth of a gramme is equivalent to one grain or minim; four grammes to one drachm, or a teaspoonful; sixteen grammes to a half ounce, or tablespoonful; and thirty-two grammes to one ounce. The word grammes should be printed on the prescription blank, at the upper right hand corner, over the figures to be used. A few examples will illustrate:

For J. S. Grammes.

R. Morphiæ sulph., $\frac{1}{16}$ (= gr.j)
 Aquæ font., 32 (= ʒj) M.

Dose—Teaspoonful at night.

Grammes.

R. Potassii iodidi, 4 (= ʒj)
 Aquæ font., 64 (= ʒij)
 Syr. sarsap. comp., 32 (= ʒj) M.

Sig.—Tablespoonful three times daily.

For A. B. Grammes.

R. Hydrarg. chlorid. mite, $\frac{1}{16}$ (= gr.j)
 Sacchar. alb., $\frac{3}{4}$ (= gr.xij) M.

Divide in Chart No. 12.

Sig.—One every two hours.

For B. C. Grammes.

R. Pulv. aloes, $1\frac{1}{2}$ (= gr.xxiv)
 Ext. belladon., $\frac{3}{8}$ (= gr.vj)
 Ext. nucis vom., $\frac{3}{8}$ (= gr.vj)
 Pulv. capsici, $\frac{3}{4}$ (= gr.xij) M.

Ft. pill No. 24. Sig.—One at night.

It is understood that these prescriptions are to be dispensed by weight, according to the metric system. But the fluid measure may be easily used for fluids, in which case the prescriber could prefix the fluid, as is done by many physicians at present in the old system. The graduate measures could be marked in grammes, and on the other side the equivalent in drachms and ounces be placed, if desired.

I believe this view of the subject is practicable. It is simple, accurate, easily understood, and adapted to present standards of weights and measures, and not liable to result in any error on the part of the prescriber or compounder.

In this way, by first practically learning the value of the gramme, we will be enabled to gradually comprehend the rest of the metric system, and to understand it whenever we meet with it in medical literature. It will thus serve us as an introduction to the final adoption of the system in full, should such become necessary.

DR. BATTEY VERSUS DR. TRENHOLME.—The following vigorous letter from Dr. Battey, we find in the March number of the *Obstetrical Journal*. Dr. B.'s pen is as keen as his scalpel, and he is not less brilliant in his literary composition than in his operations.

"SIR:—In the last number of your journal received, I find the record of two very bold and novel operations reported by Professor Trenholme, of Montreal. Conscious of the fact that these operations must shock the conservatism of the British profession, and bring obloquy upon the innocent head of Professor Trenholme, it is but bare justice to him that I should suitably acknowledge his magnanimity in assuming the whole responsibility when he might so easily have escaped—in part, at least—by putting the onus upon an obscure American, so little known in Great Britain as scarcely to be damaged thereby. I write from no personal feeling with regard to Professor Trenholme, but solely because I esteem it my duty to call attention to the question of priority in this operation.

"I am, etc.,

ROBERT BATTEY."

HARVEY DEMONSTRATING THE CIRCULATION OF THE BLOOD. The great scarcity of the original engraving of Harvey demonstrating the circulation of the blood to Charles I of England, and published in 1851, by Lloyd Brothers, of London, has induced Mr. H. Wood, Jr., of 826 Broadway, to issue a photograph of the same. The size of the latter is 7 x 9 inches, and is very well executed. As the London engraving is now entirely out of print, the photographic copy is really a desirable picture for one's office.

A DOCTOR THAT TOOK HIS OWN MEDICINE.—It is related of Count de Milly, a Paris physician of some eminence in the last century, that he never gave a medicine to a patient without first trying it on himself. A biographer has naively remarked that his dying when only fifty-six years, was probably owing to his having taken so much and so many different kinds of medicine!

TRANSACTIONS OF THE WISCONSIN STATE MEDICAL SOCIETY. We object to the small type in which these transactions are printed, but this is all that we find to complain of in this creditable little volume. Already the State Medical Society of Wisconsin has met in its thirty-first session. The young States are treading upon the heels of the old ones. Some of these hardly boast of societies that have existed so long as that of Wisconsin. Dr. J. K. Bartlett is its president.

The table of contents shows twenty-three articles in this volume, among which are histories of many interesting cases in surgery, midwifery, and medicine. This is a pleasant feature in the volume. It is individual observation of disease, and not reports made up from text-books, that we look for in the transactions of medical societies.

DIPLOMA SELLING.—We supposed the diploma trade could exist only in some big, bad city—Philadelphia, for example; but some facts that have just come to our knowledge show that this corruption can spread to the country, and establish its fountain of evil there. Arcadia, a pleasant village in Hamilton county, Indiana—Arcadia, the very name suggestive of Eden-like peace and purity!—it seems was the seat of a new tempter who was offering “diplomas from the best schools at home and abroad.”

We publish a fac-simile of one of the tempter's letters addressed to a reputable physician who, unfortunately for the success of the scheme, was a graduate. But at any rate one who could bite at such a bait would be sillier than the youngest minnow that ever sacrificed its life upon a crooked pin. And the doctor himself—the doctor so generous in offering diplomas to others—when and how did he get his diploma? That is a question we may answer at some other time. However, it is well enough for the profession to be warned in regard to this disreputable business. Here is the letter, written from Arcadia—written, too, on Christmas day! Place and day that should be sacred; is this not the climax of crime?

Acadia Ind
see 25th 1876

Confidential
Strictly

be _____.

Dear Sir

Under the
above rule let me ask
of you if you have
ever obtained a diploma
if not would you like
to obtain one

If you are interested
in this come up and see
me tomorrow

Yours Truly
J. S. D. Pettigrew

Please do not mention this
to any one

KENTUCKY STATE MEDICAL SOCIETY.—We call the attention of our readers to the following communication from Dr. L. P. Yandell, Jr. We hope that the approaching meeting of the Society at Louisville will be marked by a large attendance and great interest:

The State Medical Society meets here in Masonic Temple, corner of Fourth and Jefferson streets, April 3d, at ten A. M., for a three days' session. The meeting promises to be the largest, most profitable professionally and pleasantest socially, that has occurred since the war. By calling the attention of your medical friends to this meeting, you will confer a great favor on the Medical Society. All reputable physicians are invited to attend.

L. P. YANDELL, JR.,

Chairman Committee of Arrangements.

BILLINGS, CLAPP & CO.'S TRIUMPH.—In publishing the subjoined award, we can not but express our gratification at its having been made. No physician who visited the Centennial Exposition failed to admire the contribution made by Billings, Clapp & Co., not less remarkable for the variety, purity and value of many of the chemicals exhibited, than for the magnificent proportions of others, and for the tastefulness and beauty manifested in the entire display.

The undersigned, having examined the products herein described, respectfully recommends the same to the United States Centennial Commission for award, for the following reasons, namely: A very fine display of chemicals, especially carbolic acid, propylamine (trimethylamine), chloride of propylamine; and also of pharmaceutical chemicals, such as citrates of iron and quinia, citrates of iron and manganese, citrates of bismuth and ammonium, pyrophosphate of iron, bromide of potassium, bromide of ammonium, chromic acid, valerianic acid, and many others, commended for fine display and *excellence* of chemicals.

[Signed],

F. A. GENTH, Judge.

Approval of Group of Judges.—J. Lawrence Smith, P. De Wilde, E. Paterno, F. Kuhlman, Dr. V. Wagner, Charles A. Joy, J. W. Mallet.